

February 16, 2021

In response to a recent survey, the following is a plan of correction. Please note: the official, written report has not yet been received, and the information below is based on a verbal report from Rachel Barevich, BSW from the State of Georgia, Department of Community Health.

# Not reporting daily to DCH site regarding Covid 19:

DCH site to be updated daily beginning February 4, 2021.

## Proper infection control procedures not followed:

All direct care team and supervisors to be re-trained on proper infection control procedures by April 30, 2021.

## Did not follow proper Covid procedures and quarantine protocol:

Retraining and review of proper Covid protocols for VPRX and President by Director of Compliance to be completed by February 5, 2021

Jennifer Mohler | Community President The Social at Savannah



## Plan of Correction for December 9, 2020

## 1. Staffing POC:

- Effective immediately, adequate staffing, will be provided to resident in Building B, with the resident that is on quarantine for COVID 19 precautions.
- Utilize staffing agencies when needed.

## 2. Temperature/Space Heater POC:

- Effective immediately, removed space heaters from building. completed 12/9/20
- Fire Marshal will be contacted to get written authorization to utilize space heaters. Fire marshal contacted 12/9/2020 awaiting response.
- Ensure all doors are open in building B, if internal doors gets shut team member will open immediately upon discovery of door being closed.
- Team member education on ensuring all internal room doors stay open in building B and immediately open if discover they are shut, team to notify maintenance or front desk immediately if temperature falls below 63 degrees F in B building.

Tammy Claridge, RN

Vice President of Resident Experience

Brian P. Kemp, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

May12, 2021

# VIA CERTIFIED MAIL (7009 2820 0004 3959 7461)

David Jones, Registered Agent Savannah Commons Operating Company, LLC d/b/a Savannah Commons 3527 Walton Way Ext Augusta, Georgia 30909

## VIA REGULAR MAIL

Jennifer Mohler, Administrator Savannah Commons 1 Peachtree Drive Savannah, Georgia 31419

RE: NOTICE OF INTENT TO IMPOSE FINE

Mr. Jones and Ms. Mohler:

On December 15, 2020, staff from the *Department of Community Health, Healthcare Facility Regulation Division, Personal Care Home Program (hereinafter, the "Department")* completed an investigation at **Savannah Commons, located at 1 Peachtree Drive, Savannah, Chatham County, Georgia 31419**.

As a result of this investigation, the Department has cited your facility with five (5) violations of the *Rules and Regulations for Assisted Living Communities, Chapter 111-8-63.* A copy of the inspection report is attached hereto as Exhibit "A" and incorporated by reference in this notice.

The investigative survey found that the facility was not in substantial compliance with the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, and that the conditions in the facility constituted one (1) initial Category I violation , and one (1) repeat Category I violation.

A Category I violation is a violation or combination of violations of licensing requirements which has caused death or serious physical or emotional harm to a person or persons in care or poses an imminent and serious threat or hazard to the physical or emotional health and safety of one or more persons in care.

Pursuant to the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, and the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25, you are hereby notified of the Department's intent to impose

Notice of Intent to Impose fine May 12, 2021 Page 2

a fine of \$1,201.00 for one (1) initial Category I violation, and \$2,000.00 for one (1) repeat Category I violation, for a total fine amount of \$3,201.00. The violation for which the Department is imposing a fine are attached hereto and marked with asterisks on Exhibit "A". Copies of the investigation reports showing that this violation was previously cited are attached as Exhibits "B" and "C" and incorporated by reference in this notice.

Pursuant to O.C.G.A. § 31-2-8(c) and O.C.G.A. § 50-13-13 , you have the right to contest this action by filing a request for an administrative hearing before an Administrative Law Judge with the Office of State Administrative Hearings.

Your request for a hearing must be made in writing and must be submitted by email to hfrd.legal@dch.ga.gov or submitted by mail no later than ten (10) calendar days from the date of your receipt of this notice and addressed to:

Mr. Shariyf Muhammad, Esq.
Healthcare Facility Regulation Division
Department of Community Health
2 Peachtree Street, N.W., Suite 31.447
Atlanta, Georgia 30303-3167
Email: hfrd.legal@dch.ga.gov

A hearing request stays or suspends the imposition of the fine until the hearing is conducted and a final decision has been rendered by the Administrative Law Judge.

If you do not request a hearing within ten (10) days of your receipt of this notice, the decision to impose the fine of \$3,201.00 will be final. Payment of the fine by certified check or money order would then be expected within twenty (20) days of your receipt of this notice. The certified check or money order should be made payable to the *Department of Community Health* and mailed to the above-address. If the licensee does not pay the penalty as finally determined by the Department, the license to operate the facility may be revoked, a civil lawsuit to collect the fine may be brought against the licensee by the Attorney General or his designee, or another civil penalty may be imposed.

This letter also serves as notice that failure to correct cited deficiencies or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

Should you have any questions concerning this matter, please do not hesitate to contact me at 404-657-5850.

Sincerely,
Shirley Rodrigues
Shirley Rodrigues, Director
Personal Care Home Program
Healthcare Facility Regulation Division
Enclosures: (3)

cc: Melanie Simon, Shariyf Muhammad, Melanie McNeil, Tina Lawrence, Facility File

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
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	>>>The purpose of intake #GA0021029  The investigation s	started on 12/8/2020 and was 5/2020. An on-site visit was		EXHIBIT		
L 701	111-8-6307(2) Ow	ner Governance.	L 701			
SS=K	The governing body implementing policie in the community the dignity, respect, cho	r is responsible for es, procedures and practices at support the core values of ice, independence and ents in a safe environment				
	facility failed to imple and practices in the core values of dignit independence and p safe environment ar rules. Findings inclu-	rd review and interview, the ement policies, procedures community that support the ty, respect, choice, privacy of the residents in a and in accordance with these				
	(P&P) under "Disrup	otion in the Utility Service of 12/10/20 showed the				
	the air temperatures temperature (62-84 2. If temperatures a should be moved to 3. The person in ch the problem to the p	re out of this range. residents				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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L 701	Continued From pa	ge 1	L 701			
	necessary 4. All doors to all rothe outage is in the 5. If the heating is a provide a heating sy fire inspector 6. During the time to Team members should maintain hourly checks and some of the facility is an Assembly Care. The three (3) separate by C) with a central codesignated as the is Resident #1 was the	common area affected maintenance will ystem approved by the local the heating system is in use ould be present 24 hours a day in a safety log consisting of signatures. sisted Living Community with memory care section had outlyings (buildings A, B, and outlyard. The B building was solated COVID 19 building. e only resident in B Building B drooms, a central living/dining				
	a.m., Resident #1 w sitter. Also observe space heater was to on the counter of the community room. At the far side of the like heater was turned of #1. The facility there Fahrenheit (F) in the Spier Scientific lase from the ceiling ven measured 64 degre bedroom of Resider thermometer registe was all witnessed at Maintenance Super	facility on 12/9/2020 at 9:20 vas walking with a private duty of were space heaters. One arned on and in use, located exitchenette in the central an electric fireplace was on ving room, turned off. A space off in the bedroom of Resident mostat showed 65 degrees are community room. Using a rethermometer the air coming to in the common area was es F. The temperature in the not #1 using the same laser area of 61.2 degrees F. This and confirmed by Staff C, visor.				

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	resident there. The were in the building caregivers, hired by heat in the building taken by one of the thermostat reading the building. HH stato this building beca COVID test result, the puring an interview	fory care, and was the only are were periods when no staff. Resident #1 had private duty a guardian. There was no A photo of the thermostat caregivers showed a of 61 degrees farenheit (F) in ated Resident #1 was moved ause he/she had a positive then 2 rapid tests came back on 12/9/20, Staff C stated and on 12/7/2020, that the				
	heating system in the working. The unit the that heated the come Each bedroom had stated he/she did not Resident #1 was so would move Resident was stated staff should be resident's bedroom Staff C stated the lonot been notified, and received from the Fusing space heaters.  During an interview B stated he/she was working on the heat heat was working in building and staff we bedroom doors open.	ne B Building was not lat needed repair was the area amon area of this building. Its own heating unit. Staff C of know why the bedroom of cold. Staff C stated he/she ent #1's bed into another room working immediately. Staff C nave noticed it was cold in the and moved the bed earlier. It was cold in the and moved the bed earlier. It was also fire Marshal's office prior to so in the building.  On 12/9/20 at 9:30 a.m., Staff is aware that maintenance was ting unit in Building B. The in each bedroom of that ere supposed to keep all the en so the heat could go out into				
	the common area.	Staff B stated Resident #1 In the building closing doors.				

Staff B confirmed there was no staff in the building to ensure the doors were reopened.

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PRINTED: 05/06/2021 FORM APPROVED State of GA, Healthcare Facility Regulation Division (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 12/15/2020 ALC000603 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 701 L 701 Continued From page 3 The facility contacted the FM after staff from the Department was onsite for the investigation and as a part of the facility's Emergency Plan of Correction. Following this contact. Staff C sent an email to staff from the Department on 12/9/20 at 3:56 p.m. to show that the FM had approved the use of electricspace heaters in B building while there was only one (1) resident in the building on 12/9/20 at 3:50 p.m. This approval was through 12/13/20, the expected date when repairs to heating system was to be completed. Staff was to keep a record of a fire watch for documentation purposes. Cross reference to 1305 and 2501. L1305 L1305 111-8-63-.13(5) Community Safety Precautions. SS=J Space heaters must not be used, except during an emergency situation after obtaining specific written approval of the fire safety authority having jurisdiction over the assisted living community. This RULE is not met as evidenced by: \*\*\*\*>>>>Based on record review, observation and interview, the facility failed to ensure space

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Findings include:

heaters were not used, except during an emergency situation after obtaining specific written approval of the fire safety authority having jurisdiction over the assisted living community.

The facility had a memory care unit (MCU). The memory care unit had 3 separate buildings (A, B, C) with a central courtyard. The B building facility was esignated as the isolation for COVID

(X3) DATE SURVEY

State of GA, Healthcare Facility Regulation Division

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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During an interview on 12 he/she was informed on heat in this building was nerepair. Staff C stated that own heating unit and he/s Resident #1's bed into another roor working. Staff C stated stirt was cold in the resident the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier staff C stated stirt was cold in the resident' the bed earlier. Staff C stated stirt was cold in the resident' the bed earlier staff C stated stirt was cold in the resident' the bed earlier staff C stated stirt was cold in the resident' the bed earlier staff C stated stirt was cold in the resident' the bed earlier staff C stated stirt was cold in the resident' the bed earlier staff C stated stirt was cold in the resident' the bed earlier staff C stated the stated he/she was aware working on the heating unital manufactor was aware	Iding on 12/9/20 at 9:20 alking with his/her were no facility staff. There were space 8 building. One space on the counter of the community room. The dit was 65 degrees F in sing a Spier Scientific coming from the ceiling was measured to be 64 ture in Resident #1's edevice, was 61.2 witnessed and confirmed Supervisor.  GG stated it had been Resident #1's bedroom.  2/9/20, Staff C stated Monday 12/7/20 that the not working and needed each bedroom had its she did not know why was so cold. Staff C ediately move Resident m where the heat was taff should have noticed its bedroom and moved atted the local fire tified nor had approval re marshal's office prior the building.	L1305		

(X2) MULTIPLE CONSTRUCTION

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PRINTED: 05/06/2021 FORM APPROVED State of GA, Healthcare Facility Regulation Division (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ R WING 12/15/2020 ALC000603 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L1305 L1305 Continued From page 5 heat was working in each bedroom and staff were supposed to keep all the bedroom doors open so the heat could go out into the common area. However, Resident #1 liked to walk around in the building closing doors. Staff B confirmed there was no staff in the building to ensure the doors were reopened or to ensure the space heaters were being used in a safe manner. During telephone interview at 11:30 a.m. Staff B acknowledged that staff in Building A and Building C or in the courtyard could not observe Resident #1 and would not know if the resident had an emergency. A review of the file for Resident #1 showed an admission date of 7/10/17 with diagnosis of severe Alzheimer's Disease. The Resident Needs Evaluation dated 10/1/20 showed Resident #1 had severly impaired decision making skills. Resident #1 had a history of falls and needed increased safety checks frequently throughout the shift. L1905 L1905 111-8-63-.19(1)(a)6. Additional Reg for Spec SS=D | Memory Care Units. The assisted living community must include in its licensed residential care profile an accurate written description of the special care unit that includes the following: ... 6. staffing patterns, including the ratio of direct care staff to resident for a 24-hour cycle, and a

description of how the staffing pattern differs from

>>>>Based on record review and interview, the

that of the rest of the program: ...

This RULE is not met as evidenced by:

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	facility failed to incluand procedures and the special care unipatterns, including the resident for a 24-hothow the staffing patterns of the program.  A review of an email of the program.  A review of an email of the program.  A review of an email of the program.  During an interview was their policy to see their policy to s	ude in its memory care policies accurate written description of t that includes staffing the ratio of direct care staff to our cycle, and a description of tern differs from that of the Findings include:  il received 12/14/20 from Staff ty did not have a staffing				
L19 <b>2</b> 4 SS=J	111-8-6319(1)(c)2. Orientation.	. Staffing and Initial Staff	L1924			
	2. At least one staff supervising the unit	community must ensure:] f member who is awake and at all times and sufficient staff on duty at all times to he residents				
	****>>>Based on r interview, the facility staff member who is	net as evidenced by: ecord review, observation and refailed to ensure at least one s awake and supervising the sufficient numbers of trained				

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medications.

earlier was the medication aide who gave medications to residents in the 3 buildings and

only came when Resident #1 needed

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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L2501	Continued From pa	ge 8	L2501			
L2501 SS=L	111-8-6325(1)(a) \$	Supporting Residents' Rights.	L2501			
33-L	The assisted living community must provide to each resident care and services which are adequate, appropriate, and in compliance with state law and regulations.					
	This RULE is not met as evidenced by:  ****>>>Based on record review and staff interview, the facility failed to ensure each resident received care and services which were adequate, appropriate, and in compliance with state law and regulations for 1 of 1 residents (Resident #1). Findings include:					
7	This is an ALC with memory care. The memory care is a walled area that encloses 3 separate buildings (buildings A, B, C) and a central courtyard. The facility had designated B building as the isolated COVID building. Resident #1 was the only resident in Building B which has 12 separate bedrooms, a central living/dining area and kitchenette.				7000	
	entering Building B, with a person later was private duty sitter (Gotour of the facility was Observation showed located on the count central community rowas on the far side of A space heater was bedroom. The space facility thermostatish the community room laser thermometer til	a/20 at 9:20 a.m., upon showed Resident #1 walking who identified themselves as a G). Also observed during a ere space heaters. It one space in use, was ter of the kitchenette in the foom. An electric fireplace of the living room not in use. observed in Resident #1's the heater was turned off. The flowed it was 65 degrees F in the using a Spier Scientific the air coming from the ceiling area was measured to be 64				

State of GA Inspection Report STATE FORM

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L2501	shoulder lever the to F. The temperature using the same dev was all witnessed at Maintenance Super During an interview #1 had been moved building in the memoresident. There were in the building. Rescaregivers, hired by in the building. One complainant a photo 61 degrees farenhed stated Resident #1 because he/she had then 2 rapid tests can During an interview he/she was informed heat in this building company came out heating unit needed would have to be ordepair was the unit to finis building. Each heating unit. Staff C why Resident #1's bestated he/she would another room where C stated staff should the resident's bedrote earlier. Staff C state not been notified not use of space heaters.	ing the temperature at emperature was 72.2 degrees in Resident #1's bedroom, ice, was 61.2 degrees F. This ind confirmed by Staff C, visor.  12/8/20 HH stated Resident I from one building to another ory care, he/she was the only re periods when no staff were ident #1 had private duty guardian. There was no heat of the caregivers sent the of the thermostat showing if (F) in the building. HH was moved to this building I a positive COVID test result, ame back negative.  on 12/9/20, Staff C stated don Monday, 12/7/20 that the was not working. A repair on Monday and found the a coil, a major repair, the part dered. The unit that needed hat heated the common area in bedroom had its own stated he/she did not know edroom was so cold. Staff C move Resident #1's bed into the heat was working. Staff I have noticed it was cold in om and moved the bed of the local fire marshal had rasked for approval of the	L2501			

State of GA Inspection Report STATE FORM

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State of GA, Healthcare Facility Regulation Division
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C

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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SAVANN	AH COMMONS		REE DRIVE H, GA 3141			
(X4) ID PREFIX T <b>A</b> G	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
	heat was working in supposed to keep at the heat could go of Staff B stated Resid the building closing there was no staff in doors were reopend heaters were being.  During telephone in stated the facility had on property to meet acknowledged that C or in the courtyard #1 and would not kneed the mergency.  A review of docume email from Staff C is (FM) approved use building while there building. This approved use building. This approved where completed.  A review of the file fradmitted 7/10/17 wire Alzheimer's Disease The Resident Need showed Resident #1 decision making. Refalls and needed incompleted	cing unit in Building B. The a each bedroom and staff were all the bedroom doors open so ut into the common area. Hent #1 liked to walk around in doors. Staff B confirmed in the building to assure the ed or to assure the space used in a safe manner.  Iterview at 11:30 a.m. Staff B and the required amount of staff state guidelines. Staff B then staff in Building A and Building a could not observe Resident how if the resident had an an antireceived on 12/9/20 in showed the local Fire Marshal of electric space heaters in B was only one resident in the oval was through 12/13/20, the in repairs to heat were to be a repairs to heat were to be a selected as Evaluation dated 10/1/20 in had severly impaired esident #1 had a history of creased safety checks	L2501			

State of GA Inspection Report STATE FORM

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The Social at Savannah
Plan Of Correction
State Investigation, Intake #GA00209218
Completion date 11/13/2020

POC implementation date: Immediate or by December 13, 2020

**Tag: L 0701, SS=J:** Facility failed to implement policies, procedures and practices in the community that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with the rules.

### POC:

- 1. All residents upon admission shall receive an individual plan of care, including, but not limited to, a plan for care staff to support the resident's activities of daily living, proper documentation and administration of medications, individual choices regarding food, shower times and an interest inventory to engage residents in activities that are purposeful and fulfilling to each individual resident. Documents to be kept in resident chart.
- 2. Residents will be assigned a cleaning day by housekeeping.
- 3. Rooms shall be tidied daily (by care team) and deep cleaned weekly (by housekeeping).
- 4. In the event the resident refuses staff entry for care or cleaning, a care conference shall be set up with resident and POA/legal surrogate, if applicable. The purpose of that meeting will be to review the facility, resident handbook whereby the above are outlined. Refusal to comply will result in a 30 day move out notice, as it inhibits the staff's ability to maintain a clean, safe and habitable environment for the resident, as well as give the proper and appropriate care to the resident, as outlined in their plan of care.
- 5. Documentation of care conference will be kept in the resident chart.
- 6. Care team members, nurses and med techs will receive education on all the above and proof of in-service will be kept in staff files.

**Tag: L 1132, SS=J:** Facility failed to comply with applicable fire and safety rules published by the Office of the Safety Commissioner.

### POC:

1. Effective immediately, all fire drills shall include a list of all participating staff, residents, guests and any support services that are in the facility at the time of the drill. Property Experience

Team to be in-serviced on changes and documentation of all drills will be kept on file and readily accessible.

2. In-service shall be documented for proof of completion.

Tag: L 1300, SS=J: Facility failed to ensure the interior of the assisted living community was kept clean, in good repair and maintained free of unsanitary or unsafe conditions which might pose a health or safety risk to the residents and staff.

#### POC:

- 1. Residents will be assigned a cleaning day by housekeeping.
- 2. Rooms shall be tidied daily (by care team) and deep cleaned weekly (by housekeeping).
- 3. In the event the resident refuses staff entry for cleaning or preventive maintenance, a care conference shall be set up with resident and POA, if applicable. The purpose of that meeting will be to review the facility, resident handbook whereby the above are outlined. Refusal to comply will result in a 30 day move out notice, as it inhibits the staff's ability to maintain a clean, safe and habitable environment for the resident and staff.
- 4. Documentation of the above will be kept in the resident chart.

Tag: L 1514, SS=J: Facility failed to ensure in the event a resident develops a significant change in physical or mental condition, the assisted living community must obtain medical information necessary to determine that the resident continues to meet the retention requirements and the assisted living community is capable of meeting the resident's needs.

## POC:

- 1. When a resident presents with a change of condition, a re-assessment will be done by facility nurse and documented in the chart. POA/legal surrogate, if any, and/or resident's physician will be notified and documented in resident chart. If physician orders are given, those will be placed in the chart and implemented upon receipt.
- 2. In the event the resident refuses care or for information to be given to appropriate parties, EMS shall be contacted to transport resident to hospital where appropriate and necessary care can be given.

Tag: L 1612, SS=J: Facility failed to provide the resident and representative or legal surrogate, if any, with a signed copy of the agreement. A copy signed by both parties (resident and the administrator or on-site manger) must be retained in the resident's file and maintained by the administrator or on-site manger of the assisted living community.

## POC:

- 1. All residents will have a fully executed lease agreement kept in the resident's business office file.
- 2. All current resident files will be audited for executed lease agreements. Any missing agreements will be in place on or before February 1, 2021, as this administration is limited to the documentation that is currently available and may not have access to documents from previous administrations/ownership.

Tag L 2512, SS=J: Facility failed to ensure each resident had the right to be free from neglect.

### POC:

- All residents upon admission shall receive an individual plan of care, including, but not limited
  to, a plan for care staff to support the resident's activities of daily living, proper documentation
  and administration of medications, individual choices regarding food, shower times and an
  interest inventory to engage residents in activities that are purposeful and fulfilling to each
  individual resident. Documents to be kept in resident chart.
- 2. In the event the resident refuses staff entry for care, a care conference shall be set up with resident and POA, if applicable. Documentation of care conference will be kept in the resident chart.
- 3. When a resident presents with a change of condition, a re-assessment will be done by facility nurse and documented in the chart. POA and/or resident's physician will be notified and documented in resident chart. If physician orders are given, those will be placed in the chart and implemented upon receipt.
- 4. In the event the resident refuses care or for information to be given to appropriate parties, EMS shall be contacted to transport resident to hospital where appropriate and necessary care can be given.

Tag L 2600, SS=J: The facility failed to ensure that in case of an accident or sudden adverse change in a resident's condition or adjustment, immediate actions appropriate to the specific circumstances were taken to address the needs of the resident, including notifying the representative or legal surrogate, if any. The assisted living community must retain a record of all such adverse changes and the assisted living community's response in the resident's files.

#### POC:

- 1. When a resident presents with an accident or sudden adverse change of condition, POA, legal surrogate, if any and/or resident's physician will be notified and documented in resident chart. If physician orders are given, those will be placed in the chart and implemented upon receipt.
- 2. In the event the resident refuses care or for information to be given to appropriate parties, EMS shall be contacted to transport resident to hospital where appropriate and necessary care can be given.

Tag L 2800, SS=J: The facility failed to ensure the administrator or on-site manager of the assisted living community initiated an immediate transfer to an appropriate setting if the resident developed a physical or mental condition requiring continuous medical care or nursing care.

#### POC:

- 1. When a resident presents with a change of condition, requiring continuous medical or nursing care, administrator or on-site manager shall contact EMS to transport resident to hospital where appropriate and necessary care can be given. If the situation is not an emergency, resident, POA (if applicable) and resident's physician shall be notified to assist in proper placement of an appropriate setting. Facility administrator and nurse will also assist in securing appropriate placement as directed by resident's physician.
- 2. Documentation of all above efforts will be kept in the resident chart.

Tag L 1709, SS=J: Facility failed to provide evidence of the care plan being updated at lest annually and more frequently where the needs of the resident change substantially.

### POC:

- 1. All residents will have, at a minimum, an annual re-assessment or at any significant change of condition where resident's needs require re-evaluation and adjustments to the care plan are necessary.
- 2. All above documentation will be maintained in the resident's chart.

Tag L 2311, SS=J: Facility failed to clean the resident's private living spaces periodically and as needed to ensure that the space does not pose a health hazard.

#### POC:

- 1. Residents will be assigned a cleaning day by housekeeping.
- 2. Rooms shall be tidied daily (by care team) and deep cleaned weekly (by housekeeping).
- 3. In the event the resident refuses staff entry for cleaning, a care conference shall be set up with resident and POA, if applicable. The purpose of that meeting will be to review the facility, resident handbook whereby the above are outlined. Refusal to comply will result in a 30 day move out notice, as it inhibits the staff's ability to maintain a clean, safe and habitable environment for the resident, as well as give the proper and appropriate care to the resident, as outlined in their plan of care.
- 4. Documentation of care conference shall be kept in the resident chart.

Tag L 2501, SS=K: Facility failed to ensure that each resident received care and services which were adequate, appropriate, and in compliance with state law and regulations.

#### POC:

- 1. All residents upon admission shall receive an individual plan of care, including, but not limited to, a plan for care staff to support the resident's activities of daily living, proper documentation and administration of medications, individual choices regarding food, shower times and an interest inventory to engage residents in activities that are purposeful and fulfilling to each individual resident. Documents to be kept in resident chart.
- 2. In the event the resident refuses staff entry for care, a care conference shall be set up with resident and POA, if applicable. Documentation of care conference will be kept in the resident chart.
- 3. When a resident presents with a change of condition, a re-assessment will be done by facility nurse and documented in the chart. POA and/or resident's physician will be notified and documented in resident chart. If physician orders are given, those will be placed in the chart and implemented upon receipt.
- 4. In the event the resident refuses care or for information to be given to appropriate parties, EMS shall be contacted to transport resident to hospital where appropriate and necessary care can be given.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	(X3) DATE SURVEY COMPLETED
	ALC000603	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER SAVANNAH COMMONS	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG	( R	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
{L 0000}			
	>>>>The purpose of this vis	it was to investigate intake #GA00209218.	
	The investigation was starte investigation was completed	d on 11/2/20. An on-site visit was made 11/4/2 I 11/13/20.	0 and the
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State of GA Inspection Report

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALC000603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2020	
		B. WING		
NAME OF PROVIDER OR SUPPLIER	?	STREET ADDRESS, CITY, STATE, ZIP CODE		
SAVANNAH COMMONS	1 PEACHTREE DRIVE SAVANNAH, GA 31419			
	SAVANNARI, GA 31419			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
{L 0701} SS= J	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			
	was paranoid about criminal			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2020	
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	7. NN asked Resident #1 about the feces on his/her feet. Resident #1 responded it was cookie dough and became very upset, yelling that military doctors would come take him/her away. Members of the task force determined that Resident #1 was not only unable to care for him/herself but was in danger of suffering serious illness if not properly medically evaluated by medical and psychiatric doctors.			
	8. A 10-13 order was compl	eted, authorizing transport to the hospital.		
	On 10/23/20 NN visited the facility where Resident #1 was receiving care. Resident #1 continuto be paranoid and delusional and was being treated for pneumonia, chronic obstructive pulmonary disease, diabetes and possible heart problems.			
	A review of facility policies and procedures (P&P) showed the following information:			
	"Services Included in Monthly Residency Fee (Basic Services). Team members will provide supervision in areas of nutrition, medication assistance by certified Team Members and activities of daily living. In addition, the Community will, at its cost, maintain the suite and common areas i good repair.			
		usekeeping and Laundry" Housekeeping and la are provided weekly and include basic services		
	3. "Resident Assessment and Re-Assessment Process" The Executive Director will he approval regarding the move-in decision and or continued stay in accordance with regrequirements. Frequency of Assessments at least twice a year, at a significant chang condition and re-assessments may be conducted at any time, based on resident statu			
		gement Program Guidelines" "Discontinued Med or to discontinue a medication, the Health and W		
	Transcribe the order on the file. Notify the pharmacy.	resident's MAR. Document the information in the	ne resident's wellness	
	pharmacy to see when med that the facility had contacte documentation that staff ent	lent #1 showed no documentation that staff had ications had been discontinued or why. There wild the emergency contact listed on the face shee ered the apartment of Resident #1 to assess if the es. There was no admission agreement between	vas no documentation et. There was also no here were any fire	

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(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)			
	the current governing body.				
		Needs Evaluation and ISP" dated 10/15/20 mpleted by Staff D. Staff D assessed Resi			
	Decision Making Impaired				
	Shower Assistance Refused				
	Dressing Independent				
	Dining Independent				
	Continence Unsure, will not let anyone in his/her room				
	Continence Management Refused any type of care				
	Ambulation Independent				
	Medication No Medicaiton C	Orders			
	Bathing/dressing Independe	ent with bathing			
	prior to 11/4/20. Resident #	Staff D stated Resident #1 had stopped op 1 had stopped letting housekeeping go into Resident #1 lost weight because the resident d to tell his/her shape.	o apartment some time		
	10/15/20. Staff D stated he, did not see him/her on the d closed apartment door. Sta	0, Staff D stated he/she completed the assive had not seen Resident #1 for several of lay of assessment. Staff D stated spoke to ff D stated he/she assessed Resident #1 at that he/she had seen the resident in the pages groomed.	days prior to 10/15/20 and Resident #1 through the s independent in bathing		
	did not try to contact Reside history and physical when h was not accepting facility for nurse in his/her position for	0, Staff B stated he/she was hired on 10/5/: int #1's emergency contact or physicians lise/she became aware Resident #1 had barrod and did not take medications. Staff B stawhile so the governing body had sent number of the situation with Resident #1 but it did ret.	sted on the last MAR or ricaded the apartment doc tated there had not been a rses from other facilities to		

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SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PRÉFIX TAG	( Ri	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
{L 1132}			
SS= J	****>>>Based on record re	view and interview, the facility failed to comply w	ith applicable fire and
	safety rules published by the	e Office of the Safety Fire Commissioner. Finding	gs include:
		rills conducted between 9/30/19 and 2/14/20 sho	owed drills were
	conducted on the following d	rates and times:	
	9/30/19 1:48 p.m.		
	10/13/19 3:00 p.m. 11/29/19 11:15 p.m.		
	1/14/20 3:05 p .m.		

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(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	2/14/20 10:30 a.m.		
	There was no indication on fire evacuation drills.	the conducted reports of which residents, if any	, participated in the
		0, Staff A stated he/she could not locate any list and had no knowledge if residents actually did p	
			į.
{L 1300} SS= J			
	of the assisted living commu	ion, record review and interview the facility failed inity was kept clean, in good repair and maintair might pose a health or safety risk to the resident	ned free of unsanitary
	when wearing a mask. Piles throughout the apartment. I was a path from the living rocarpet and sofa. There were window was covered with bl	20 at 10:30 a.m., the apartment of Resident #1 Is of stuffed animals, pillows, and boxes could be There was a path from the door to the sofa. It doom to the bedroom and bathroom. There were do no visible signs of food or medications in the reankets. The bedroom window was blocked with to see what was used to block access to the was	e seen from the door d not appear there dark stains on the oom. The living room something, but from
	response to a call that a resident reported to NN that Resident smell feces from the hallway overwhelmed with the smell apartment, piled so high and carpets were dirty, sink was	eport showed NN arrived at the facility 10/22/20 ident was suffering from psychosis and covered t #1 was refusing medications and meals. NN r outside the apartment. Upon entering the apart of feces. Piles and piles of random stuff were so thick there was a single width path throughout overflowing and there were dead flies/bugs all othe couch and on Resident #1's feet and ankles	in feces. Staff A eported he/she could rtment NN was cattered around the the apartment. The over the home. There

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	inaccessibility to the apartm the doctor was involved with there were 30 crime syndica and sound recordings device his/her feet. Resident #1 remilitary doctors would come #1 was not only unable to caproperly medically evaluated authorizing transport to the left to the sound s	this health and wellbeing medically but also a ent by medical and fire personnel. In interview the mafia and spoke incoherently about personses. Resident #1 was paranoid about criming es listening to him/her. NN asked Resident #1 sponded it was cookie dough and became vertake him/her away. Members of the task for are for him/herself but was in danger of sufferd by medical and psychiatric doctors. A 10-1 hospital.  NN stated he/she was called to the facility in	w, Resident #1 told NN ople involved in the mafia al groups having video at about the feces on ery upset, yelling that ace determined Resident ring serious illness if not 3 order was completed,
	having a psychotic event. U apartment. There did not ap room windows blocked by b	Upon entering the apartment there was only a ppear to be a path to the bathroom. Windows lankets and bedroom windows blocked by stafloor near the couch, on the couch and on Re	path through the s were blocked. Living acks of styrofoam
	apartment. There was bare of furniture and other persor was no path to get to the ba was a bucket of feces, a pile couch and on Resident #1.	720 MM stated he/she and NN pushed their wally enough room for 3 people to stand becaus hal items. There was a path from the front do throom, the way was blocked with furniture. For feces on the floor, feces and urine on stunder the smell was horrendous. Items had to be so get the ambulance stretcher into the apartress.	e the apartment was full for to the couch. There Near the couch there ffed animals, on the moved out of the
	month. Staff B entered Res Resident #1 on the couch. apartment was filled with ite asked how he/she got to the	Staff B stated he/she had been employed at ident #1's apartment with Staff A and Staff C There was feces all over the floor and on Resms to the ceiling. They could not get through bathroom, Resident #1 responded he/she was apartment. Staff B stated there was evidence stuffed animals.	10/22/20. They found sident #1's feet. The to the bathroom. When yould go on the stuffed
	was let in by the resident. It C had just enough room to s with dirty towels that appear	Staff C stated on 10/22/20 he/she went to R ems were blocking the door which needed to slide through the door. There were piles of feed to have been used to clean the floor. Resistion. Resident #1 had feces on his her feet and thrown on him/her.	be pushed aside. Staff ces on the floor along sident #1 was lying on

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{L 1514} SS= J	develops a significant chang obtain medical information r retention requirements and	eview and interview, the facility failed to en ge in physical or mental condition, the assi necessary to determine that the resident of the assisted living community is capable of sident (Resident #1). Findings include:	isted living community must ontinues to meet the
	10/15/20 detailing Resident	dent #1 showed Resident Needs Evaluatio #1 was confused, withdrawn, suspicious, ner room. There were no medication orde	refused to be assessed,
	would not eat any food from Resident #1 would talk to st reported he/she attempted t inches. A horrible smell wa	ervation Notes dated 9/8/20 through 10/15 the facility dining room, continued to stay aff through the door but not let anyone in see the resident but the apartment door s noted. 10/15/20 note reported there wereping access, there was a strong odor, the	barricaded in his/her room, 10/12/20 note Staff B could only be opened 2 re no changes, Resident #1
		n in the file to show that staff had attempt the file or any of the physicians listed on t	
	in to evaluate if Resident #1 worked with a mental health MM stated when Resident # while on medications but wa no idea something was wron There was barely enough ro and other personal items. T to get to the bathroom, the	MM, social worker with the police task for met criteria to be unwillingly sent to the had agency that had treated Resident #1 in the state was seen previously at the agency he/s as not functional without medication. During, MM stated he/she and NN pushed the som for 3 people to stand because the aparthere was a path from the front door to the way was blocked with furniture. Near the of floor, feces and urine on stuffed animals,	ospital (10-13). MM ne past for schizophrenia. he was able to manage ng this visit, Resident #1 ha ir way into the apartment. artment was full of furniture e couch. There was no path couch there was a bucket o

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NAME OF PROVIDER OR SUPPLIER SAVANNAH COMMONS	2	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION	)
	Resident #1. The smell was the hall to get the stretcher i	s horrendous. Items had to be moved ou into the apartment.	t of the apartment and into
	#1 the end of 9/2020 or the	0 Staff A stated he/she became aware of beginning of 10/2020. Staff A stated he/ the emergency contact regarding caring	she did not contact any
	During interview 11/12/20 Staff B stated he/she did not contact any physicians listed of #1's MAR or physician reports. Staff B stated he/she did not know when Resident #1 is medications, the last MAR he/she could locate was dated 5/2016.		
<i>a</i>			
{L 1612} SS= J			
55-1	representative or legal surro both parties (resident and ad	eview and interview, the facility failed to p ogate, if any, with a signed copy of the ag dministrator or on-site manager) must be nistrator or on-site manager of the assist #1). Findings include:	reement. A copy signed be retained in the resident's t
	A review of Department reco	ords showed the facility was granted a pe	ermit to operate 6/18/19.
		lent #1 showed admission date of 10/19/ident and the current governing body.	15. There was no admissi
	During an interview 11/9/20, Resident #1 and the facility	Staff A stated there was no signed adm or governing body.	ission agreement between

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NAME OF PROVIDER OR SUPPLIER SAVANNAH COMMONS	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
{L 1709} SS= J	plan being updated at least changed substantially for 1 of	eview and interview, the facility failed to pannually and more frequently where the of 1 sampled resident (Resident #1). Fin the for Resident 1 showed a 10/15/20 "Resident sevaluation Staff D indicated Reside and dining. Under Continence Staff D it anyone into the room. Staff D noted unto the facility 10/2 ident was suffering from psychosis and cateful was refusing medications and meals of outside the apartment. Upon entering the offeces. Piles and piles of random stuff thick there was a single width path throuse overflowing and there were dead flies/but the couch and on Resident #1's feet and the couch and wellbeing medically but all ent by medical and fire personnel. In intent the mafia and spoke incoherently about the self-the intent to him/her. NN asked Resides sponded it was cookie dough and became take him/her away. Members of the task are for him/herself but was in danger of self-the proposed and psychiatric doctors. A mospital. On 10/23/20 NN visited the hose continued to be paranoid and delusional tive pulmonary disease, diabetes and positive pulmonary disease, diabetes and positive pulmonary disease, diabetes and positive pulmonary disease.	needs of the resident dings include:  sident Needs Evaluation and the sident Has independent in a ndicated he/she was unsured the Medication there were seen the sider that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING	(X3) DATE SURVEY COMPLETED	
	ALC000603	B. WING	11/13/2020	
NAME OF PROVIDER OR SUPPLIE SAVANNAH COMMONS	ER	STREET ADDRESS, CITY, STATE, ZIP CODE  1 PEACHTREE DRIVE SAVANNAH, GA 31419	14	
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EGULATORY OR LSC IDENTIFYING INFORMATION)		
	when the evaluation was co what he/she saw on previou	0 Staff D , LPN, stated he/she did not see R ompleted. Staff D stated he/she completed us occasions when Resident #1 would open spoke to Resident #1 through a closed door	the evaluation based on the door. During the	
	During an interview 11/4/20 Staff D stated he/she had worked at the facility 4 years. Staf last seen Resident #1 approximately 1 week prior to day the resident taken to hospital. S stated he/she would go by the apartment daily and could hear Resident #1 talking to him/in the apartment. Staff D stated in his/her 4 years at the facility, Resident #1 had never ta medications. There was never an MAR. Staff D did not know of any doctor visits in the p years. When he/she started working 4 years ago, Resident #1 would come out into the h to him/her. In the past 3 weeks Resident #1 refused to open the door. In the past month month and half Resident #1 stopped eating facility food. From the beginning Resident #1 about the military spying on him/her.			
	Staff F was a CNA and CM/F would deliver meals and leads the tray if he/she wanted to come out to play the piano of F could not really open the When Staff F could see Res	Staff F stated he/she had worked at the fact.  A. Staff F knocked on the door several times eave the tray on the shelf by the door. Resident it. When Staff F began working at the fact go grocery shopping. Because Resident addoor. Sometimes the resident would open the sident #1, he/she was unkempt, wearing a diaff F stated the last time he/she could rement couple of months ago.	s with no response. Staff dent #1 eventually took cility, Resident #1 would #1 blocked the door, Staff ne door and peek out. rty nightgown, had greas	
	last saw Resident #1 one w dirty. Staff E did not look at helped him/her bathe and d	Staff E stated he/she had worked at the face eek prior. The resident's hair was not clean, the resident's feet. When Resident #1 moverss. Then the resident began to say the goter. Staff E stated Resident #1 started to ba	dress was stained and ed in in 2015 Staff E vernment had told	
{L 2311}				

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(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
SS= J	spaces periodically and as of 1 sampled resident (Res During observation on 11/4, even when wearing a mask throughout the apartment. was a path from the living recarpet and sofa. There wer window was covered with b	tion and interview, the facility failed to clean needed to ensure that the space does not pident #1).  (20 at 10:30 a.m.,the odor in Resident #1's a. Piles of stuffed animals, pillows, boxes con There was a path from the door to the sofa. There was a path from the door to the sofa. The period of the bedroom and bathroom. There we no visible signs of food or medications in the lankets. The bedroom window was blocked but to see what was used to block access to the process.	apartment was terrible, uld be seen from the do It did not appear there ere dark stains on the the room. The living roo with something, but fro
	response to a call that a responded to NN that Resider smell feces from the hallway overwhelmed with the smell apartment, piled so high and carpets were dirty, sink was was feces on the floor near concerned about Resident inaccessibility to the apartment the doctor was involved with there were 30 crime syndicated and sound recordings device his/her feet. Resident #1 remilitary doctors would come #1 was not only unable to consider the smell that the second sound recordings device the second seco	the report showed NN arrived at the facility 10 dident was suffering from psychosis and was at #1 was refusing medications and meals. It youtside the apartment. Upon entering the of feces. Piles and piles of random stuff with thick there was a single width path through overflowing and there were dead flies/bugs the couch and on Resident #1's feet and an #1's health and wellbeing medically but also ent by medical and fire personnel. In intervious the mafia and spoke incoherently about peates. Resident #1 was paranoid about crimities listening to him/her. NN asked Resident sponded it was cookie dough and became we take him/her away. Members of the task for are for him/herself but was in danger of sufficient sufficient and psychiatric doctors. A 10-hospital.	covered in feces. Staff NN reported he/she coula partment NN was ere scattered around the nout the apartment. The all over the home. The kles. NN was not only about safety based on ew, Resident #1 told NN exple involved in the mainal groups having video #1 about the feces on very upset, yelling that orce determined Resider ering serious illness if no
	having a psychotic event. L apartment. There did not ap room windows blocked by b	NN stated he/she was called to the facility in Jpon entering the apartment there was only opear to be a path to the bathroom. Window lankets and bedroom windows blocked by sfloor near the couch, on the couch and on Rent conversation.	a path through the vs were blocked. Living tacks of styrofoam
		MM stated he/she and NN pushed their wa ly enough room for 3 people to stand becau	

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NAME OF PROVIDER OR SUPPLIED SAVANNAH COMMONS	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419	11
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	was no path to get to the ba was a bucket of feces, a pile couch and on Resident #1.	nal items. There was a path from the front doo athroom, the way was blocked with furniture. No e of feces on the floor, feces and urine on stuffe The smell was horrendous. Items had to be moto to get the ambulance stretcher into the apartme	ear the couch there ed animals, on the oved out of the
	During an interview 11/2/20 Staff B stated he/she had been employed at the facility abomonth. Staff B entered Resident #1's apartment with Staff A and Staff C 10/22/20. The Resident #1 on the couch. There was feces all over the floor and on Resident #1's feet apartment was filled with items to the ceiling. They could not get through to the bathrod asked how he/she got to the bathroom, Resident #1 responded he/she would go on the animals that were all over the apartment. Staff B stated there was evidence Resident # urinated and defecated on the stuffed animals.		
	was let in by the resident. It C had just enough room to s with dirty towels that appear	Staff C stated on 10/22/20 he/she went to Resems were blocking the door which needed to be slide through the door. There were piles of fectored to have been used to clean the floor. Residustrion. Resident #1 had feces on his her feet. had thrown on him/her.	e pushed aside. Staff es on the floor along lent #1 was lying on
{L 2501} SS= K			
	received care and services v	view and staff interview, the facility failed to en which were adequate, appropriate, and in compression mpled resident (Resident #1). Findings include	liance with state law
	was having a mental crisis, v	ort submitted to the Department dated 10/26/26 was unable to care for himself/herself, and nee to the emergency room for evaluation and trea	ded medical attention.
		NN stated he/she was called to the faciity in re pon entering the apartment there was only a p	

16N211

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALC000603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2020		
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZIP CODE  1 PEACHTREE DRIVE SAVANNAH, GA 31419			
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EGULATORY OR LSC IDENTIFYING INFORMATION)			
	room windows blocked by blocked. Feces was on the was unable to have a coher at the facility. They discove a problem with the resident.	ppear to be a path to the bathroom. Wind blankets and bedroom windows blocked be floor near the couch, on the couch and or ent conversation. NN stated there appara- ered Resident #1 had not paid rent for mandal. NN stated it was apparent Resident #1 did not happen overnight. NN did not und lier.	y stacks of styrofoam  Resident #1. Resident #1 ently was new management ny, many months, signifying had a situation going on for		
	A review of the file for Resident #1, admitted on 10/19/15 showed diagnoses of psychotic with delusions. The medications prescribed on admission were the following:				
	Novolog 5 units three times daily before meals				
	Lantus 15 unites at nightly				
	Carvedilol (Coreg) 6.25 mg	twice daily for hypertension			
	Donepezil (Aricept) 5 mg at	night for dementia			
	Levothyroxine (Levothyroid)	125 mg nightly for hypothyroidism			
	Lisinopril (Prinivl) 10 mg daily for high blood pressure				
	Albuterol 90 (Proventil) 1 pu pulmonary disease	iff every 6 hours as needed for asthma or	chronic obstructive		
	A 5/2016 facility Medication were continued plus the follow	Administration Record (MAR) showed all owing were added:	of the above medications		
	Metformin 500 mg twice dai	Metformin 500 mg twice daily for diabetes			
	Atorvastatin 20 mg once daily for high cholesterol				
	Furosemide (Lasix) 40 mg o	Furosemide (Lasix) 40 mg once daily for fluid retention			
	Glipizide 5 mg twice daily fo	r diabetes			
	There was no MAR in the file after 5/2016.				
	A review of Resident Needs	Evaluations showed the following:			
		any type of care. Continence was unknov here were no medication orders.	vn, resident would not let		
	10/2/20 Resident was evalu care.	ated as confused, withdrawn, easily upse	t, suspicious, interferes with		

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	9/22/20 Resident refused to 8/21/20 Resident refused to			
	7/3120 Resident refused to			
	6/20/20 Resident was non c			
			usions, no medications	
	5/19/20 Resident was assessed as non compliant with psychotic delusions, no medications  A review of the facility Observation Notes showed the following:			
	9/8/20 Resident not eating food from dining room. Stated the army has sprayed the food poison, has snacks in room			
		arricaded in his/her room. Will talk to sta s food in his/her room. Not accepting foo		
	10/12/20 Staff B noted he/she heard no one was able to see Resident #1 and the resident barricaded the door to his/her room. Attempted to see the resident but could only open the doinches. Resident #1 stated he/she did not need anything. Horrible smell was noted 10/15/20 No changes with resident. Staff was able to see resident through open door. Door would only open a bit so far. Will not let housekeeping come in to clean. Room very odorous. Continues to refuse meals from dining room.			
	response to a call that a resi reported to NN that Residen smell feces from the hallway overwhelmed with the smell apartment, piled so high and carpet was dirty, sink was own was feces on the floor near to concerned about Resident # inaccessibility to the apartment the doctor was involved with there were 30 crime syndica and sound recordings device his/her feet. Resident #1 resmilitary doctors would come #1 was not only unable to caproperly medically evaluated authorizing transport to the receiving care. Resident #1	e report showed NN arrived at the facility ident was suffering from psychosis and of t #1 was refusing medications and meals of outside the apartment. Upon entering the offeces. Piles and piles of random stuff of feces. Piles and piles of random stuff of thick there was a single width path throwerflowing and there were dead flies/bug the couch and on Resident #1's feet and the the health and wellbeing medically but all the personnel. In intention the mafia and spoke incoherently about the test is resident #1 was paranoid about cries listening to him/her. NN asked Resides sponded it was cookie dough and became take him/her away. Members of the task are for him/herself but was in danger of so the proposition of the paranoid and delusional tive pulmonary disease, diabetes and positive pulmonary disease, diabetes and positive pulmonary disease.	covered in feces. Staff A is. NN reported he/she could he apartment NN was fewere scattered around the ughout the apartment. The sall over the home. There ankles. NN was not only lso about safety based on erview, Resident #1 told NN people involved in the maffairminal groups having video ent #1 about the feces on the very upset, yelling that k force determined Resident uffering serious illness if not 10-13 order was completed, spital where Resident #1 was I and was being treated for	

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	ALC000603	B, WING	11/13/2020	
NAME OF PROVIDER OR SUPPLIER	R	STREET ADDRESS, CITY, STATE, ZIP CODE		
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419		
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)		
	unbearable that the smell p animals, pillows, boxes coul from the door to the sofa. It and bathroom. There were of food or medications in the ro	20 at 10:30 a.m., the odor in apartment of Resermeated even through a mask. Piles at least do be seen from the door throughout the apart did not appear there was a path from the lividark stains on the carpet and sofa. There we soom. The living room window was covered we do with something, but from the living room it to the window.	st 4 feet high of stuffed tment. There was a path ng room to the bedroom ere no visible signs of vith blankets. The	
	During an interview 11/2/20 Staff A stated he/she just recently started working at the fact A stated Resident #1 had been living in assisted living since 2015. When Staff A started he/she was told Resident #1 would not let anyone into the apartment. The resident did nany medications. Meals were left on trays for him/her, in the hallway outside his/her apardoor. Resident #1 did not eat the food the facility provided, telling staff the government it poisoned it. A friend would come monthly and take Resdent #1 out to shop for groceries stated he/she tried to see Resident #1 but could only open the apartment door 2 inches, blocked. Staff A could talk to Resident #1 but not see him/her. Staff C, who is Staff A's supervisor, visited and was able to coax Resident #1 into opening the door enough to get During an interview 11/12/20 Staff A stated he/she was hired 8/24/20. He/she became Resident #1's situation around the end of 9/2020 or beginning of 10/2020. Staff A stated did not attempt to contact Resident #1's emergency contact or any of the physician's lister resident's MAR and History and Physical.			
	month. Staff B entered Res Resident #1 on the couch. apartment was filled with ite asked how he/she got to the animals that were all over th urinated and defecated on the medical care. Staff A called able to find Resident #1 incoperson listed in the records year. That person gave Star	Staff B stated he/she had been employed at ident #1's apartment with Staff A and Staff C There was feces all over the floor and on Resms to the ceiling. They could not get through bathroom, Resident #1 responded he/she we apartment. Staff B stated there was evident estuffed animals. The smell was horrendough and police responded with a behavior had proposed and they sent the resident to the howas a former coworker who had not spoken the sibling told them he/she had not spoken.	10/22/20. They found sident #1's feet. The to the bathroom. When yould go on the stuffed nee Resident #1 had us. Resident #1 refused nealth team. They were spital. The contact to Resident #1 in over a sibling of Resident #1	
		Staff B, R.N, stated there was no current MA take any medications. Staff B stated he/she		

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NAME OF PROVIDER OR SUPPLIE SAVANNAH COMMONS	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419		
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)		
	resident last took medication	ns.		
	During an interview 11/4/20 2015 and no records of med	Staff B stated he/she could not find any redications after 5/2016.	cords of doctor visits since	
	During an interview 11/12/20 Staff B stated his/her hire date was 10/5/20. Staff B st did not try to contact Resident #1's emergency contact or physicians listed on the last history and physical when he/she became aware Resident #1 had barricaded the apwas not accepting facility food and did not take medications. Staff B stated there had nurse in his/her position for awhile so the governing body had sent nurses from other help out. They were aware of the situation with Resident #1 but it did not appear the anything to help the resident.			
	facility several times over the had gone to Resident #1's a Staff C. He/she could see in There was no odor of urine let in by the resident. Items had just enough room to slick dirty towels that appeared to couch in an awkward position pudding that someone had the snipers trying to kill anyone be called. Staff A called 91's evaluation, took blood pressiday, year and who was presicalled police task force that and a negotiator came. Resident staff A called 91's evaluation.	Staff C stated he/she worked in the corpore past few weeks. Staff C stated the week partment. Resident #1 opened the door a not the apartment. There was no feces on or feces. On 10/22/20 Staff C again went were blocking the door which needed to be de through the door. There were piles of fee through the door. There were piles of fee through the door. Resident, Resident #1 had feces on his her feet. There were piles of the province of the prov	prior to 10/22/20 he/she few inches and spoke to the floor or on Resident # to Resident #1's and was e pushed aside. Staff C ces on the floor along withent #1 was lying on the He/she told Staff C it was out organized crime and when asked if EMS could y did a mini mental le to correctly tell them the go to the hospital. EMT picial worker, a police office	
	During an interview 11/3/20 was called in to evaluate if F MM worked with a mental he schizophrenia. MM stated w to manage while on medicat Resident #1 had no idea sor the apartment. There was b full of furniture and other per There was no path to get to	MM stated he/she was a social worker with Resident #1 met criteria to be unwillingly see ealth agency that had treated Resident #1 is when Resident #1 was seen previously at the cions but was not functional without medica mething was wrong. MM stated he/she and parely enough room for 3 people to stand by resonal items. There was a path from the from the bathroom, the way was blocked with fur a pile of feces on the floor, feces and uring	n the police task force and nt to the hospital (10-13). n the past for ne agency he/she was ablation. During this visit, NN pushed their way into ecause the apartment was port door to the couch.	

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NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZIP CODE	
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(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EGULATORY OR LSC IDENTIFYING INFORMATION)	
		#1. The smell was horrendous. Items had to b to get the stretcher into the apartment.	e moved out of the
	D had last seen Resident #' Staff D stated he/she would him/herself in the apartmen never taken medications. T the past 4 years. When he/ hall to talk to him/her. In the	Staff D, LPN, stated he/she had worked at the 1 approximately 1 week prior to day the resider go by the apartment daily and could hear Rest. Staff D stated in his/her 4 years at the facilty there was never an MAR. Staff D did not know she started working 4 years ago, Resident #1 to past 3 weeks Resident #1 refused to open the sident #1 stopped eating facility food. From the spying on him/her.	nt taken to hospital. ident #1 talking to , Resident #1 had of any doctor visits in would come out into the e door. In the past
	Staff F was a CNA and CM/response. Staff F would deleventually took the tray if he Resident #1 would come ou blocked the door, Staff F co door and peek out. When Snightgown, had greasy hair	Staff F stated he/she had worked at the facility A. Staff F had knocked on Resident # 1's door liver meals and leave the tray on the shelf by te/she wanted to eat it. When Staff F began wo at to play the piano or go grocery shopping. Be all only the piano or go grocery shopping. Be all on the really open the door. Sometimes the restaff F could see Resident #1, he/she was unknowned and had body odor. Staff F stated the last time ing out of the apartment was a couple of month.	several times with no he door. Resident #1 rking at the facility, cause Resident #1 esident would open the empt, wearing a dirty he/she could
	last saw Resident #1 one wa and dirty. Staff E did not loo helped him/her bathe and di	Staff E stated he/she had worked at the facility eek prior. The resident's hair was not clean, and at the resident's feet. When Resident #1 moress, then the resident began to say the govern f E stated Resident #1 started to barricade his/	nd clothing was stained oved in in 2015 Staff E nment had told him/her
	would refuse to treat him/he Resident #1 at the facility. ( resident knew the date, time take the resident to the hosp medications. OO stated he/ medications. OO stated the	evious administrator, stated Resident #1 could or after awhile. OO stated he/she tried to get a DO called the crisis team. The crisis team told e, year, location, name, current president. The bital against his/her will, he/she had the right to she did not know the last time Resident #1 say tried their best to get help for Resident #1. Oal agencies and no one would help.	psychiatrist to see him/her that the y said they could not refuse treatment and v a doctor or took
		PP, previous DON, stated he/she last worked since Resident #1 took medications or saw a contract to the state of the state	

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NAME OF PROVIDER OR SUPPLIE	ER .	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419		
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	and orders when he/she mo for refills and would not see time the resident took medi Resident #1. They said Re	and Resident #1 would refuse to go. Recoved in but when those orders ran out Recoved in but when those orders ran out Recoved for renewed prescriptions, so a cations. PP stated they had called the cosident #1 was alert and oriented and the she had called EMS many times but they be treatment.	esident #1 did not have order: 2016 was probably the last crisis team to come evaluate by would not take him/her to	
	There was no documentation in the file of Resident #1 to show when or how often staff on Resident #1 or tried to encourage the resident to accept help. There was no documentated that staff verified Resident #1 had food available in the apartment on the days the residence facility food. There was no documentation the facility had reported to Adult Properties to get help for Resident #1. There was no documentation the facility tried to Resident #1's emergency contact prior to 10/22/20. There was no documentation the factor attempted to enter the apartment prior to 10/22/20 to assess if a fire hazard or health be existed.			
	This violation was previous	ly cited 10/2/20.		

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{L 2512} SS= J	****>>>Based on observat	on, record review and interview, the facility faile	d to ensure each
		from neglect for 1 of 3 sampled resident (Reside	
	having a psychotic event. Noting through the apartment, inclusion windows blocked by blanket feces was on the floor near unable to have a coherent of the facility. They discovered problem with the resident.	NN stated he/she was called to the facility in res IN stated when he/she entered the apartment the ding a path to the bathroom. Windows were blos and bedroom windows blocked by stacks of st the couch, on the couch and on Resident #1. Fonversation. NN stated there apparently was not Resident #1 had not paid rent for many, many IN stated it was apparent Resident #1 had a situal id not happen overnight. NN did not understandier.	ere was only a path cked. Living room yrofoam coolers. Lesident #1 was we management at months, signifying a lation going on for
		ent #1, admitted on 10/19/15 showed diagnoses dications were prescribed on admission:	of psychotic
	Novolog 5 units three times Lantus 15 unites at nightly	daily before meals	(

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2020		
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZIP CODE  1 PEACHTREE DRIVE SAVANNAH, GA 31419			
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL LEGULATORY OR LSC IDENTIFYING INFORMATION)			
	Carvedilol (Coreg) 6.25 mg	twice daily for hypertension			
	Donepezil (Aricept) 5 mg at	night for dementia			
	Levothyroxine (Levothyroid)	) 125 mg nightly for hypothyroidism			
	Lisinopril (Prinivl) 10 mg dai	ily for high blood pressure			
	Albuterol 90 (Proventil) 1 pu pulmonary disease	Albuterol 90 (Proventil) 1 puff every 6 hours as needed for asthma or chronic obstructive			
	A 5/2016 facility Medication Administration Record (MAR) showed all of the above medications were continued plus the following were added:				
	Metformin 500 mg twice daily for diabetes				
	Atorvastatin 20 mg once daily for high cholesterol				
	Furosemide (Lasix) 40 mg once daily for fluid retention				
	Glipizide 5 mg twice daily for diabetes				
	There was no MAR in the file after 5/2016.				
	A review of Resident Needs Evaluations showed the following information:				
	10/15/20 Resident refused any type of care. Continence was unknown, resident would not let anyone into his/her room. There were no medication orders.				
	10/2/20 Resident was evaluated as confused, withdrawn, easily upset, suspicious, interferes with care.				
	9/22/20 Resident refused to be assessed.				
	8/21/20 Resident refused to be assessed.				
	7/3120 Resident refused to	be assessed			
	6/20/20 Resident was non o	compliant			
	5/19/20 Resident was assessed as non compliant with psychotic delusions, no medications				
	A review of the Facility Observation Notes showed the following:				
	9/8/20 Resident not eating f poison, has snacks in room	ood from dining room. Stated the army h	as sprayed the food with		
	9/22/20 Continues to stay barricaded in his/her room. Will talk to staff through his/her door. Continues to say he/she has food in his/her room. Not accepting food from facility				
	10/12/20 Staff B noted he/sl	ne heard no one was able to see Resider	nt #1 and the resident		

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	ALC000603	B. WING	11/13/2020	
NAME OF PROVIDER OR SUPPLIER SAVANNAH COMMONS	LIER STREET ADDRESS, CITY, STATE, ZIP CODE  1 PEACHTREE DRIVE SAVANNAH, GA 31419			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
		er room. Attempted to see the resident but coul he/she did not need anything. Horrible smell wa		
		esident. Staff was able to see resident through. Will not let housekeeping come in to clean. Refrom dining room.		
	A review of facility documentation showed no documentation of when or how often staff che on Resident #1 or tried to encourage the resident to accept help. There was no documentat that staff verified Resident #1 had food available in the apartment on the days the resident refused facility food. There was no documentation the facility had reported to Adult Protect Services to get help for Resident #1. There was no documentation of any intervention by the facility, besides calling 911 on 10/22/20. There was no documentation the facility tried to a Resident #1's emergency contact prior to 10/22/20. There was no documentation the facility attempted to enter the apartment prior to 10/22/20 to assess if a fire hazard existed.			
	response to a call that a response to NN that Resider smell feces from the hallway overwhelmed with the smell apartment, piled so high and were dirty, sink was overflow feces on the floor near the concerned about Resident inaccessibility to the apartment the doctor was involved with there were 30 crime syndicated and sound recordings devict his/her feet. Resident #1 remilitary doctors would come #1 was not only unable to concernly medically evaluated authorizing transport to the receiving care. Resident #1	colice report showed NN arrived at the facility 10 ident was suffering from psychosis and was covat #1 was refusing medications and meals. NN ray outside the apartment. Upon entering the apart of feces. Piles and piles of random stuff were set thick there was a single path throughout the apart and there were dead flies/bugs all over the couch and on Resident #1's feet and ankles. Note that he apart with a short and wellbeing medically but also about the mafia and spoke incoherently about people ates. Resident #1 was paranoid about criminal ges listening to him/her. NN asked Resident #1 asponded it was cookie dough and became very take him/her away. Members of the task force are for him/herself but was in danger of suffering the by medical and psychiatric doctors. A 10-13 of hospital. On 10/23/20 NN visited the hospital will continued to be paranoid and delusional and between the pulmonary disease, diabetes and possible him to the pulmonary disease, diabetes and possible him to the paranoid and delusional and between the pulmonary disease, diabetes and possible him to the pulmonary disease, diabetes and possible him to the paranoid and delusional and between the pulmonary disease, diabetes and possible him to the paranoid and delusional and between the paranoid and delusional and between the pulmonary disease, diabetes and possible him.	ered in feces. Staff A reported he/she could rement NN was recattered around the partment. The carpets home. There was I was not only ut safety based on Resident #1 told NN rinvolved in the mafia, groups having video about the feces on upset, yelling that determined Resident processes illness if not refer was completed, here Resident #1 was reing treated for	
	facility 10/22/20 at 1:38 p.m drink, showers and having k The EMTs found Resident # floor, furniture and stuffed a having delusions and halluc	20 ambulance report showed emergency persor. reported to EMTs Resident #1 was refusing maundry done. Staff reported Resident #1 was hat in his/her apartment. The resident had feces nimals. Resident #1 was oriented to to date, timinations of snipers. Resident #1 reported he/shall health evaluation was done by other specialists.	edications, food, aving hallucinations. on him/her, on the se and place but was e had no medical	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	ALC000603	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE	
SAVARIVALI GOMMORG		SAVANNAH, GA 31419	
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	the ambulance he/she beca minutes Resident #1 volunta	d to be a hazard to self. When EMS staff trie me combative and EMS staff administered 2 arily allowed EMS staff to place him/her in thorial University Health Hospital at 4:33 p.m.	2 mg of Ativan. After 5
	even with a mask on. Piles throughout the apartment. It there was a path from the live the carpet and sofa. There was a covered with the carpet and sofa.	20 at 10:30 a.m., the odor in Resident #1's a of stuffed animals, pillows, boxes could be softened was a path from the door to the sofa. Ving room to the bedroom and bathroom. The were no visible signs of food or medications with blankets. The bedroom window was bloifficult to see what was used to block access.	seen from the door It did not appear that ere were dark stains on in the room. The living ocked with something, but
	Staff A stated Resident #1 h working he/she was told Res not take any medications. M apartment door. Resident # had poisoned it. A friend wo Staff A stated he/she tried to was blocked. Staff A could to	20 Staff A stated he/she just recently started ad been living in assisted living since 2015. Sident #1 would not let anyone into the apart feals were left on trays for him/her, in the hat 1 did not eat the food the facility provided, to build come monthly and take Resdent #1 out to see Resident #1 but could only open the apart to Resident #1 but not see him/her. Start able to coax Resident #1 into opening the desident #1 into opening the into o	When Staff A started then. The resident did tillway outside his/her elling staff the governmen to shop for groceries. Dartment door 2 inches, it ff C, who is Staff A's
	one month. Staff B entered found Resident #1 on the co The apartment was filled with When asked how he/she got stuffed animals that were all had urinated and defecated refused medical care. Staff They were able to find Resid B stated he/she had been to person listed in the records wear. That person gave Staff	20, Staff B stated he/she had been employed Resident #1's apartment with Staff A and Stuch. There was feces all over the floor and hitems to the ceiling. They could not get the to the bathroom, Resident #1 responded he over the apartment. Staff B stated there was on the stuffed animals. The smell was horred A called 911 and police responded with a blent #1 incompetent and they sent the resided Id Resident #1's only child was deceased in was a former coworker who had not spoken of A and Staff B the contact information for a she sibling told them he/she had not spoken	aff C 10/22/20, they on Resident #1's feet. rough to the bathroom. e/she would go on the as evidence Resident #1 endous. Resident #1 ehavior health team. ent to the hospital. Staff 2016. The contact to Resident #1 in over a sibling of Resident #1
		Staff B, stated there was no current MAR for medications. Staff B stated he/she did not	

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	ALC000603	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	,
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	During an interview 11/4/20 2015 and no records of med	Staff B stated he/she could not find any records dications after 5/2016.	s of doctor visits since
	did not try to contact Reside history and physical when h was not accepting facility for nurse in his/her position for	O Staff B stated his/her hire date was 10/5/20. Some #1's emergency contact or physicians listed electric elect	on the last MAR or ed the apartment door, there had not been a from other facilities to
	facility several times over the had gone to Resident #1's a Staff C. He/she could see in There was no odor of urine let in by the resident. Items had just enough room to slick dirty towels that appeared to couch in an awkward position pudding that someone had the snipers trying to kill anyone be called. Staff A called 91' evaluation, took blood pressiday, year and who was presidated police task force that and a negotiator came. Resident staff and staff	Staff C stated he/she worked in the corporate of the past few weeks. Staff C stated the week prior partment. Resident #1 opened the door a few into the apartment. There was no feces on the for feces. On 10/22/20 Staff C again went to Rewere blocking the door which needed to be puste through the door. There were piles of feces on have been used to clean the floor. Resident #5 in. Resident #1 had feces on his her feet. He/sight here in the floor is a few many many many many many many many many	r to 10/22/20 he/she inches and spoke to door or on Resident #1: sand was shed aside. Staff C on the floor along with 1 was lying on the the told Staff C it was organized crime and a mini mental correctly tell them the to the hospital. EMT worker, a police officer inches and Resident #1 to
	criteria to be unwillingly sent years before at a mental hea stated when Resident #1 wa medications but was not fun way into the apartment. The apartment was full of furnituithe couch. There was no partment was full of partment was no partment.	MM stated he/she was called 10/22/20 to evaluate to the hospital (10-13). MM stated Resident alough that had treated Resident #1 for so as seen previously at the agency he/she was absctional without medication. MM stated he/she are was barely enough room for 3 people to state and other personal items. There was a path ath to get to the bathroom, the way was blocked at of feces, a pile of feces on the floor, feces and Resident	#1 was seen several hizophrenia. MM le to manage while on and NN pushed their and because the from the front door to with furniture. Near
	#1. The smell was horrendoget the stretcher into the apa	ous. Items had to be moved out of the apartmenartment.	t and into the hall to

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(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	D had last seen Resident #' Staff D stated he/she would him/herself in the apartment never taken medications. T the past 4 years. When he/hall to talk to him/her. In the month or month and half Re #1 talked about the military:  During an interview 11/4/20 Staff F was a CNA and CMAF would deliver meals and let the tray if he/she wanted to come out to play the piano of F could not really open the county of the apartment was a count of the apartment was a count of the apartment was a count of the apartment #1 one we stained and dirty. Staff E die facility in 2015 Staff E helps	Staff F stated he/she had worked at the fact. Staff F knocked on the door several time eave the tray on the shelf by the door. Respect it. When Staff F began working at the for go grocery shopping. Because Resident door. Sometimes the resident would open to sident #1, he/she was unkempt, wearing a confirm of the fact	ident taken to hospital. Resident #1 talking to cilty, Resident #1 had now of any doctor visits in #1 would come out into the note that the door. In the past in the beginning Resident beginning Resident #1 eventually took acility, Resident #1 would #1 blocked the door, Staff the door and peek out. Birty nightgown, had greasy mber Resident #1 coming beginning Resident #1 coming beginning Resident #1 coming will be as not clean, dress was ident #1 moved into the lent began to say the

16N211

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED
	ALC000603	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER	₹	STREET ADDRESS, CITY, STATE, ZIP CODE	
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG	1	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
{L 2600} SS= J			
	accident or sudden adverse appropriate to the specific of including notifying the representation arecord of all sustine resident's files for 1 of 1.  A review on 11/3/20 of the Laresponse to a call that a response to a call that a responsed to NN that Resider smell feces from the hallway overwhelmed with the smell apartment, piled so high and carpets were dirty, sink was was feces on the floor near concerned about Resident finaccessibility to the apartment the doctor was involved with there were 30 crime syndicationand sound recordings device his/her feet. Resident #1 remilitary doctors would come #1 was not only unable to care	eview and interview, the facility failed to ensure change in a resident's condition or adjustment incumstances were taken to address the need sentative or legal surrogate, if any. The assist uch adverse changes and the assisted living of sampled resident (Resident #1). Findings in the sampled resident grown psychosis and cover the sampled resident was a suffering from psychosis and cover the sampled resident was a single width path throughout overflowing and there were dead flies/bugs at the sampled resident was a single width path throughout overflowing and there were dead flies/bugs at the sampled resident was a single width path throughout the sampled resident was a paranoid about criminates. Resident #1 was paranoid about criminates listening to him/her. NN asked Resident #1 sponded it was cookie dough and became vertake him/her away. Members of the task formation in the sampled resident was in danger of suffert doubt medical and psychiatric doctors. A 10-13 hospital.	nt, immediate actions als of the resident, ated living community community community's response in clude:  22/20 at 2:21 p.m. in ed in feces. Staff A reported he/she could partment NN was a scattered around the aut the apartment. The all over the home. There es. NN was not only bout safety based on a v, Resident #1 told NN ple involved in the mafia, all groups having video 1 about the feces on ry upset, yelling that be determined Resident ing serious illness if not
	contact the emergency cont to show that staff attempted the last MAR. Observation by the facility, there were sn continued to barricade him/h note by Staff B showed he/s	lent #1 provided no documentation to show the act listed on the resident's face sheet. There to call the physician listed on the admitting himote dated 9/8/20 showed Resident #1 was necks in the resident's room. 9/22/20 note showerself in the room. Not accepting any food from the and Staff F attempted to see Resident #1. In inches. They could not see the resident.	was no documentation story and physical and ot eating food provided owed Resident #1 om the facility. 10/12/20 They were able to
	During an interview on 11/1:	2/20 Staff B stated his/her hire date was 10/5/	/20. Staff B stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	ALC000603	B, WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER	२	STREET ADDRESS, CITY, STATE, ZIP CODE	
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419	
	1		
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	MAR or history and physica apartment door, was not ac had not been a nurse in his	Resident #1's emergency contact or physicians I when he/she became aware Resident #1 had becepting facility food and did not take medications her position for awhile so the governing body her were aware of the situation with Resident #1 lelp the resident.	parricaded the s. Staff B stated there ad sent nurses from
{L 2800} SS= J	administrator or on-site mar to an appropriate setting if the	ion, record review and interview, the facility faile nager of the assisted living community initiated a he resident developed a physical or mental cond nursing care for 1 of 1 sampled resident (Reside	an immediate transfer lition requiring
	The ONs showed that Resident #1 continued to be food from the facility. On 10 able to push the door open was noted. Further review contact the emergency cont	lent #1 showed observation notes (ONs) dated 9 dent #1 was not eating food provided by the facily arricade him/herself in the room. The resident w b/12/20, Staff B and Staff F attempted to see Reconly two inches, and they could not see the resident the file provided no documentation to show the act listed on the resident's face sheet. There was empted to call the physician listed on the admitting.	ity. On 9/22/20, as not accepting any esident #1. They were dent. A horrible sme at staff attempted to as also no
	having a psychotic event. Use apartment. There did not approximately be coolers. Feces was on the was unable to have a cohere at the facility. They discove a problem with the resident.	, NN stated he/she was called to the facility in redpon entering the apartment there was only a papear to be a path to the bathroom. Windows was lankets and bedroom windows blocked by stack floor near the couch, on the couch and on Resident conversation. NN stated there apparently was red Resident #1 had not paid rent for many, man NN stated it was apparent Resident #1 had a still not happen overnight. NN did not understand	th through the ere blocked. Living s of styrofoam ent #1. Resident #1 as new management y months, signifying ituation going on for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	(X3) DATE SURVEY COMPLETED
#1	ALC000603	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	facility did not intervene ear	lier.	
	even when wearing a mask throughout the apartment. was a path from the living ro carpet and sofa. There wer window was covered with bl	20 at 10:30 a.m., the odor in Resident #1's apart. Piles of stuffed animals, pillows, boxes could be a fhere was a path from the door to the sofa. It disport to the bedroom and bathroom. There were doe no visible signs of food or medications in the reankets. The bedroom window was blocked with the to see what was used to block access to the w	be seen from the door d not appear there dark stains on the doom. The living room something, but from

	GA, Healthcare Facility	Regulation Division			FORM	APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	CONSTRUCTION	(X3) DATE SU COMPLE	
1		ALC000603	B. WING		11/13	3/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
SAVANNA	AH COMMONS		HTREE DRIVE NAH, GA 31419			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 000	intake #GA00209218.	started on 11/2/20. An at 11/4/20 and the	L 000	EXHIBIT		
L 701 SS=J	The governing body is implementing policies, in the community that dignity, respect, choice	s responsible for , procedures and practices support the core values of e, independence and is in a safe environment	L 701			

This RULE is not met as evidenced by: \*\*\*\*>>>>Based on record review and interview, the facility failed to implement policies, procedures and practices in the community that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with these rules. Findings include:

A review on 11/3/20 of the Law enforcement (LE) report showed NN arrived at the facility 10/22/20 at 2:21 p.m. in response to a call that a resident was suffering from psychosis and covered in feces. The LE report showed the following observation made by NN while in the room of Resident #1 and staff statements:

1. Staff A reported to NN that Resident #1 refused his/her medications and meals.

2. NN could smell feces that permeated from the hallway outside the apartment.

TITLE

(X6) DATE

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

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING: _		COMPLI	ETED
-		ALC000603	B, WING		11/1	3/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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L 701	Continued From page	:1	L 701			
	3. Upon entering the a overwhelmed with the piles of random stuff vapartment, piled so hi single width path throw 4. The carpets were dand there were dead to 5. There was feces or and on Resident #1's not only concerned abased on inaccessibilismedical and fire personal dead of the incoherently about perthere were 30 crime sparanoid about crimin sound recordings device 7. NN asked Resident his/her feet. Resident cookie dough and beet that military doctors waway. Members of the Resident #1 was not chim/herself but was in illness if not properly medical and psychiatr	apartment, NN was smell of feces. Piles and was scattered around the gh and thick, there was a ughout the apartment.  irty, sink was overflowing flies/bugs all over the room.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch feet and ankles. NN was yout Resident #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch gradent #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch gradent #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch gradent #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch gradent #1's health lly but also about safety ity to the apartment by onnel.  In the floor near the couch gradent #1's health lly but also about safety ity to the a				
	Resident #1 was rece	iving care. Resident #1 oid and delusional and was				

State of GA Inspection Report STATE FORM

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED
			D MAINIO			
		ALC000603	B. WING		11/1	3/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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			I, GA 31419	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 701	Continued From page	2	L 701			
	being treated for pneu	imonia, chronic obstructive labetes and possible heart				
	A review of facility polishowed the following	icies and procedures (P&P) information:				
	(Basic Services). Tea supervision in areas o assistance by certified activities of daily living	Team Members and I In addition, the cost, maintain the suite and				
7).		ng and laundering of both undry are provided weekly				
	Process" The Executive approval regarding the continued stay in according requirements. Freque least twice a year, at a	ssments may be conducted				
	receipt of a physician's medication, the Health medication staff will: Transcribe the order o Document the informa wellness file. Notify the	ued Medications" Upon s order to discontinue a and Wellness Director or n the resident's MAR. tion in the resident's				
		aff had called a physician or				

1	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
		ALC000603	B. WING		11/	13/2020
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST.	ATE, ZIP CODE	] 11/	13/2020
SAVANNA	AH COMMONS		TREE DRIVE H, GA 31419			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
L 701	pharmacy to see when discontinued or why. documentation that the emergency contact list. There was also no doentered the apartment there were any fire sat There was no admissis. Resident #1 and the continuence of this was signed and continuence of the management of the continuence of the continuen	There was no e facility had contacted the ted on the face sheet, cumentation that staff it of Resident #1 to assess if fety or health hazard issues, on agreement between urrent governing body.  dent Needs Evaluation and or Resident #1 showed that completed by Staff D. Staff #1 with the following:  ired efused  ill not let anyone in his/her ent Refused any type of ent iton Orders bendent with bathing  /4/20 Staff D stated led opening the door 3 Resident #1 had stopped loo into apartment some not know if Resident #1 lost sident always wore large it was hard to tell his/her  /12/20, Staff D stated lassessment for Resident D stated he/she had not	L 701			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		ALC000603	B. WING		1	1/13/2020
	ROVIDER OR SUPPLIER	1 PEACH	DDRESS, CITY, STATE  ITREE DRIVE  AH, GA 31419	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L 701	10/15/20 and did not assessment. Staff I through the closed a stated he/she asses independent in bathi stated that he/she ha past when he/she ha and was groomed.  During an interview he/she was hired on he/she did not try to emergency contact of MAR or history and pecame aware Residual partment door, was and did not take med there had not been a awhile so the govern from other facilities to of the situation with I	t see him/her on the day of Distated spoke to Resident #1 partment door. Staff D	L 701			
L1132 SS=J	applicable fire and sa Office of the Safety F This RULE is not me ****>>>Based on re the facility failed to c	ommunity must comply with afety rules published by the Fire Commissioner.  Let as evidenced by: accord review and interview, comply with applicable fire and d by the Office of the Safety	L1132			
		uation drills conducted I 2/14/20 showed drills were				

State of GA Inspection Report STATE FORM

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BOILDING.	200		
		ALC000603	B. WING		1	/13/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SAVANNA	H COMMONS		HTREE DRIVE			
	p	SAVANI	NAH, GA 31419			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L1132	Continued From page	e 5	L1132			
	conducted on the foll	owing dates and times:				
	9/30/19 1:48 p.m. 10/13/19 3:00 p.m. 11/29/19 11:15 p.m. 1/14/20 3:05 p.m. 2/14/20 10:30 a.m.					
	There was no indicati reports of which resid the fire evacuation dr	lents, if any, participated in				
	he/she could not loca participated in the fire	1/13/20, Staff A stated te any lists of residents who addite and had no actually did participate.				
L1300 SS=J	111-8-6313(1) Comr	munity Safety Precautions.	L1300			
30-0	community must be k and maintained free of	rior of the assisted living ept clean, in good repair of unsanitary or unsafe nt pose a health or safety and staff.				
	interview the facility fa of the assisted living of in good repair and ma	servation, record review and ailed to ensure the interior community was kept clean, aintained free of unsanitary which might pose a health or				
	apartment of Residen when wearing a mask pillows, and boxes co	n 11/4/20 at 10:30 a.m., the at #1 had terrible odor, even c. Piles of stuffed animals, uld be seen from the door cont. There was a path				

State of GA Inspection Report STATE FORM

PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALC000603 11/13/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L1300 L1300 Continued From page 6 from the door to the sofa. It did not appear there was a path from the living room to the bedroom and bathroom. There were dark stains on the carpet and sofa. There were no visible signs of food or medications in the room. The living room window was covered with blankets. The bedroom window was blocked with something, but from the living room it was difficult to see what was used to block access to the window. A review 11/3/20 of police report showed NN arrived at the facility 10/22/20 at 2:21 p.m. in

response to a call that a resident was suffering from psychosis and covered in feces. Staff A reported to NN that Resident #1 was refusing medications and meals. NN reported he/she could smell feces from the hallway outside the apartment. Upon entering the apartment NN was overwhelmed with the smell of feces. Piles and piles of random stuff were scattered around the apartment, piled so high and thick there was a single width path throughout the apartment. The carpets were dirty, sink was overflowing and there were dead flies/bugs all over the home. There was feces on the floor near the couch and on Resident #1's feet and ankles. NN was not only concerned about Resident #1's health and wellbeing medically but also about safety based on inaccessibility to the apartment by medical and fire personnel. In interview, Resident #1 told NN the doctor was involved with the mafia and spoke incoherently about people involved in the mafia, there were 30 crime syndicates. Resident #1 was paranoid about criminal groups having video and sound recordings devices listening to him/her. NN asked Resident #1 about the feces on his/her feet. Resident #1 responded it was cookie dough and became very upset, yelling that military doctors would come take him/her away.

Members of the task force determined Resident

State of GA Inspection Report STATE FORM

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State of GA Inspection Report STATE FORM

the apartment.

couch and on Resident #1. Resident #1 was unable to have a coherent conversation.

During an interview on 11/3/20 MM stated he/she and NN pushed their way into Resident #1's apartment. There was barely enough room for 3 people to stand because the apartment was full of furniture and other personal items. There was a path from the front door to the couch. There was no path to get to the bathroom, the way was blocked with furniture. Near the couch there was a bucket of feces, a pile of feces on the floor, feces and urine on stuffed animals, on the couch and on Resident #1. The smell was horrendous. items had to be moved out of the apartment and into the hall to get the ambulance stretcher into

During an interview 11/2/20 Staff B stated he/she had been employed at the facility about one month. Staff B entered Resident #1's apartment with Staff A and Staff C 10/22/20. They found Resident #1 on the couch. There was feces all over the floor and on Resident #1's feet. The apartment was filled with items to the ceiling.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
<u> </u>		ALC000603	B. WING		11/1	13/2020
	ROVIDER OR SUPPLIER	1 PEACHT	DRESS, CITY, STA TREE DRIVE H, GA 31419	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
SS=J	When asked how he/Resident #1 responde stuffed animals that we Staff B stated there we had urinated and defeanimals.  During an interview 1 10/22/20 he/she went was let in by the reside the door which needed C had just enough roof. There were piles of fed dirty towels that appeclean the floor. Reside couch in an awkward feces on his her feet. pudding that someone 111-8-6315(6) Change Reevaluation.  Change in Condition If the event a resident dehange in physical or assisted living communinformation necessary resident continues to requirements and the is capable of meeting	rough to the bathroom. she got to the bathroom, she got to the bathroom, she he/she would go on the vere all over the apartment. The second of the stuffed are sevidence Resident #1 second on the stuffed are sevidence Resident #1 second on the stuffed are sevidence Resident #1 show and state on the stuffed are sevident #1's room and state. Items were blocking to be pushed aside. Staff om to slide through the door. Sees on the floor along with sared to have been used to state to have been used to state the sevident #1 had see the told Staff C it was to had thrown on him/her.  The sequiring Reevaluation. In the sevelops a significant mental condition, the series are significant mental condition, the series are significant mental condition, the series the retention assisted living community	L1300			
	either that the assisted meet needs of the res longer meets the reter	d living community cannot ident or the resident no ntion criteria for living in the governing				

State of GA Inspection Report

request, a current physical examination for the resident from a physician, advanced practice



(X3) DATE SURVEY

State of GA, Healthcare Facility Regulation Division

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		ALC000603	B. WING		11/13/2020
	ROVIDER OR SUPPLIER	1 PEACH	DRESS, CITY, STA TREE DRIVE H, GA 31419	TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
L1514	registered nurse or phyproperly authorized. Authority O.C.G.A. § et seq.  This RULE is not met *****>>>Based on received the facility failed to endevelops a significant mental condition, the amust obtain medical indetermine that the resertention requirements community is capable needs for 1 of 1 samp Findings include:  A review of the file for Resident Needs Evaluation the second withdrawn, assessed, would not lead through 10/15/20 detaconfused, withdrawn, assessed, would not lead to the facility 9/8/20 through 10/15/2 would not eat any food room, continued to staroom, Resident #1 wo door but not let anyone reported he/she atterm the apartment door coinches. A horrible sme note reported there we #1 continued to deny I was a strong odor, the apartment door open second in the s	as evidenced by: cord review and interview, sure in the event a resident change in physical or assisted living community information necessary to ident continues to meet the and the assisted living of meeting the resident's led resident (Resident #1).  Resident #1 showed lations dated 5/19/20 illing Resident #1 was suspicious, refused to be et anyone in his/her room. ation orders.  Observation Notes dated do detailed Resident #1 d from the faciity dining by barricaded in his/her uld talk to staff through the e in, 10/12/20 note Staff B pted to see the resident but uld only be opened 2 ell was noted. 10/15/20 ere no changes, Resident housekeeping access, there e staff could only get the	L1514		

(X2) MULTIPLE CONSTRUCTION

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11/13/2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

ALC000603

B. WING \_\_\_\_

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## SAVANNAH COMMONS

## 1 PEACHTREE DRIVE SAVANNAH, GA 31419

SAVANNA	H COMMONS	SAVANNAH, GA 31419		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1514	Continued From page 10	L1514		
	that staff had attempted to contact the emergency contact listed in the file or any of physicians listed on the MAR and physician reports.	the		
	During an interview 11/3/20 MM, social works with the police task force stated he/she was called in to evaluate if Resident #1 met criterion be unwillingly sent to the hospital (10-13). Worked with a mental health agency that had treated Resident #1 in the past for schizophrom MM stated when Resident #1 was seen previously at the agency he/she was able to manage while on medications but was not functional without medication. During this vis Resident #1 had no idea something was wrong MM stated he/she and NN pushed their way the apartment. There was barely enough roof for 3 people to stand because the apartment full of furniture and other personal items. The was a path from the front door to the couch. There was no path to get to the bathroom, the way was blocked with furniture. Near the couthere was a bucket of feces, a pile of feces of floor, feces and urine on stuffed animals, on couch and on Resident #1. The smell was horrendous. Items had to be moved out of the apartment and into the hall to get the stretche into the apartment.	ia to MM enia.  sit, ng. into om was ere e uch n the the		
	During an interview 11/12/20 Staff A stated he became aware of the situation with Resident the end of 9/2020 or the beginning of 10/2020 Staff A stated he/she did not contact any physician, medical facility or the emergency contact regarding caring for Resident #1.	#1		
State of CA Inc	During interview 11/12/20 Staff B stated he/s did not contact any physicians listed on Residual's MAR or physician reports. Staff B stated	dent		

State of GA Inspection Report





	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1 ' '	CONSTRUCTION		E SURVEY PLETED
		ALC000603	B. WING		11	/13/2020
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE		113/2020
			TREE DRIVE	12, 211 0002		
SAVANNA	AH COMMONS	SAVANN	AH, GA 31419			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L1514	Continued From page	11	L1514			
		vhen Resident #1 last took MAR he/she could locate				
L1612 SS=J	111-8-6316(3) Admis	ssion Agreements.	L1612			
7	resident and represen any, with a signed cop signed by both parties or on-site manager) m	ntained by the administrator				
	the facility failed to pro- representative or legal signed copy of the agr both parties (resident a manager) must be reta and maintained by the	ord review and interview, ovide the resident and surrogate, if any, with a eement. A copy signed by and administrator or on-site ained in the resident's file administrator or on-site ed living community for 1 of				
	A review of Departmen facility was granted a p	nt records showed the permit to operate 6/18/19.				
	A review of the file for admission date of 10/1 admission agreement the current governing by	9/15. There was no between the resident and				

During an interview 11/9/20, Staff A stated there

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State of GA Inspection Report

arrived at the facility 10/22/20 at 2:21 p.m. in response to a call that a resident was suffering from psychosis and covered in feces. Staff A reported to NN that Resident #1 was refusing medications and meals. NN reported he/she could smell feces from the hallway outside the apartment. Upon entering the apartment NN was

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FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING: B. WING ALC000603 11/13/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L1709 L1709 Continued From page 13 overwhelmed with the smell of feces. Piles and piles of random stuff were scattered around the apartment, piled so high and thick there was a single width path throughout the apartment. The carpets were dirty, sink was overflowing and there were dead flies/bugs all over the home. There was feces on the floor near the couch and on Resident #1's feet and ankles. NN was not only concerned about Resident #1's health and wellbeing medically but also about safety based on inaccessibility to the apartment by medical and fire personnel. In interview, Resident #1 told NN the doctor was involved with the mafia and spoke incoherently about people involved in the mafia, there were 30 crime syndicates. Resident #1 was paranoid about criminal groups having video and sound recordings devices listening to him/her. NN asked Resident #1 about the feces on his/her feet. Resident #1 responded it was cookie dough and became very upset, yelling that military doctors would come take him/her away. Members of the task force determined Resident #1 was not only unable to care for him/herself but was in danger of suffering serious illness if not properly medically evaluated by medical and psychiatric doctors. A 10-13 order was completed, authorizing transport to the hospital. On 10/23/20 NN visited the hospital where Resident #1 was receiving care. Resident #1 continued to be paranoid and delusional and was being treated for pneumonia, chronic obstructive pulmonary disease, diabetes and possible heart problems. During an interview 11/12/20 Staff D , LPN, stated he/she did not see Resident #1 on 10/15/20 when the evaluation was completed. Staff D stated

State of GA Inspection Report STATE FORM

he/she completed the evaluation based on what he/she saw on previous occasions when

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State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING. B. WING ALC000603 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L1709 L1709 Continued From page 14 Resident #1 would open the door. During the 10/15/20 evaluation Staff D spoke to Resident #1 through a closed door. During an interview 11/4/20 Staff D stated he/she had worked at the facility 4 years. Staff D had last seen Resident #1 approximately 1 week prior to day the resident taken to hospital. Staff D stated he/she would go by the apartment daily and could hear Resident #1 talking to him/herself in the apartment. Staff D stated in his/her 4 years at the facilty, Resident #1 had never taken medications. There was never an MAR. Staff D did not know of any doctor visits in the past 4 years. When he/she started working 4 years ago, Resident #1 would come out into the hall to talk to him/her. In the past 3 weeks Resident #1 refused to open the door. In the past month or month and half Resident #1 stopped eating facility food. From the beginning Resident #1 talked about the military spying on him/her. During an interview 11/4/20 Staff F stated he/she had worked at the facility 1 year and 2 months. Staff F was a CNA and CMA. Staff F knocked on the door several times with no response. Staff F would deliver meals and leave the tray on the shelf by the door. Resident #1 eventually took the tray if he/she wanted to eat it. When Staff F began working at the facility, Resident #1 would come out to play the piano or go grocery shopping. Because Resident #1 blocked the door, Staff F could not really open the door. Sometimes the resident would open the door and peek out. When Staff F could see Resident #1, he/she was unkempt, wearing a dirty nightgown, had greasy hair and had body odor. Staff F stated the last time he/she could remember

State of GA Inspection Report STATE FORM

Resident #1 coming out of the apartment was a

couple of months ago.

Ctate of Grafficare racine	Trogaration Division		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	ALC000603	B. WING	11/13/2020
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE	

1 PEACHTREE DRIVE

SAVANNA	AH COMMONS	PEACHTREE DRIVE VANNAH, GA 31419		
(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
L1709	Continued From page 15  During an interview 11/4/20 Staff E stated he/she had worked at the facility over 20 years. Staff E last saw Resident #1 one week prior. The resident's hair was not clean, dress was stained and dirty. Staff E did not look at the resident's feet. When Resident #1 moved in in 2015 Staff helped him/her bathe and dress. Then the resident began to say the government had told him/her not to get in the water. Staff E stated Resident #1 started to barricade his/her door a few years ago.			
L2311 SS=J	111-8-6323(9) Infection Control, Sanitation and Supplies.  The assisted living community must clean the residents' private living spaces periodically and a needed to ensure that the space does not pose a health hazard.  Authority O.C.G.A. §§ 31-2-7, 31-2-8 and 31-7-et seq.	as a		
	This RULE is not met as evidenced by:  ****>>>>Based on observation and interview, the facility failed to clean the residents' private living spaces periodically and as needed to ensure tha the space does not pose a health hazard for 1 of 1 sampled resident (Resident #1).  During observation on 11/4/20 at 10:30 a.m.,the odor in Resident #1's apartment was terrible, even when wearing a mask. Piles of stuffed animals, pillows, boxes could be seen from the door throughout the apartment. There was a pat from the door to the sofa. It did not appear there was a path from the living room to the bedroom and bathroom. There were dark stains on the carpet and sofa. There were no visible signs of	th		

State of GA Inspection Report

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			(5)	

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State of GA, Healthcare Facility Regulation Division

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	ED
7		ALC000603	B. WING		11/13/2	2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1 PEACH	REE DRIVE			
SAVANNA	H COMMONS		H, GA 31419			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N T	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIAIE	DATE
			1			
L2311	Continued From page	16	L2311			
	food or medications in	the room. The living room				
	window was covered	with blankets. The bedroom				
		with something, but from the				
	_	cult to see what was used to				
	block access to the wi	ndow.				
	A rovious on 11/2/20 of	f police report showed NN				
		0/22/20 at 2;21 p.m. in				
		a resident was suffering				
	1000	as covered in feces. Staff A				
		esident #1 was refusing				
	•	s. NN reported he/she			Į.	
		the hallway outside the				
	apartment. Upon ente	ering the apartment NN was				
	overwhelmed with the	smell of feces. Piles and				
		vere scattered around the				
A		gh and thick there was a				
		ighout the apartment. The				
		k was overflowing and there				i
	_	all over the home. There	1		1	
Ì		near the couch and on				
	concerned about Resi	l ankles. NN was not only				
		it also about safety based				
		e apartment by medical and				
	•	view, Resident #1 told NN	1			- 1
	the doctor was involve	d with the mafia and spoke				
	incoherently about peo	ople involved in the mafia,				
		yndicates. Resident #1 was				
		al groups having video and				
		ces listening to him/her.				- 1
		about the feces on his/her				
		oonded it was cookie dough	1			
	and became very ups doctors would come to					
		orce determined Resident	1			1
		e to care for him/herself but				
ĺ		ring serious illness if not				

State of GA Inspection Report

properly medically evaluated by medical and psychiatric doctors. A 10-13 order was

PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALC000603 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE **SAVANNAH COMMONS** SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L2311 L2311 Continued From page 17 completed, authorizing transport to the hospital. During an interview 11/3/20 NN stated he/she was called to the facility in response to resident having a psychotic event. Upon entering the apartment there was only a path through the apartment. There did not appear to be a path to the bathroom. Windows were blocked. Living room windows blocked by blankets and bedroom windows blocked by stacks of styrofoam coolers. Feces was on the floor near the couch, on the couch and on Resident #1. Resident #1 was unable to have a coherent conversation. During an interview 11/3/20 MM stated he/she and NN pushed their way into Resident #1's apartment. There was barely enough room for 3 people to stand because the apartment was full of furniture and other personal items. There was a path from the front door to the couch. There was no path to get to the bathroom, the way was blocked with furniture. Near the couch there was a bucket of feces, a pile of feces on the floor, feces and urine on stuffed animals, on the couch and on Resident #1. The smell was horrendous. Items had to be moved out of the apartment and into the hall to get the ambulance stretcher into the apartment. During an interview 11/2/20 Staff B stated he/she had been employed at the facility about one month. Staff B entered Resident #1's apartment with Staff A and Staff C 10/22/20. They found

State of GA Inspection Report STATE FORM

Resident #1 on the couch. There was feces all over the floor and on Resident #1's feet. The apartment was filled with items to the ceiling. They could not get through to the bathroom. When asked how he/she got to the bathroom, Resident #1 responded he/she would go on the stuffed animals that were all over the apartment.

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F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		
	IDENTIFICATION NOWIBER	A. BUILDING:		(X3) DATE S	
	ALC000603	B. WING		11/1	3/2020
VIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
COMMONS		HTREE DRIVE NAH, GA 31419			
(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
ontinued From page	18	L2311			
	as evidence Resident #1 cated on the stuffed				
O/22/20 he/she went as let in by the residue door which needed had just enough roomere were piles of fearty towels that appeare an the floor. Residuch in an awkward poes on his her feet.	to Resident #1's room and ent. Items were blocking d to be pushed aside. Staff om to slide through the door, ces on the floor along with ared to have been used to ent #1 was lying on the position. Resident #1 had He/she told Staff C it was				
u D/a e h	d urinated and defemals.  ring an interview 1722/20 he/she went is let in by the resid door which needed and just enough rocere were piles of fey towels that appears the floor. Residuch in an awkward les on his her feet. Idding that someone	d urinated and defecated on the stuffed mals.  ring an interview 11/3/20 Staff C stated on 122/20 he/she went to Resident #1's room and is let in by the resident. Items were blocking door which needed to be pushed aside. Staff and just enough room to slide through the door, were were piles of feces on the floor along with any towels that appeared to have been used to the floor. Resident #1 was lying on the such in an awkward position. Resident #1 had ses on his her feet. He/she told Staff C it was adding that someone had thrown on him/her.	d urinated and defecated on the stuffed mals.  ring an interview 11/3/20 Staff C stated on 22/20 he/she went to Resident #1's room and selet in by the resident. Items were blocking door which needed to be pushed aside. Staff and just enough room to slide through the door. Here were piles of feces on the floor along with any towels that appeared to have been used to an the floor. Resident #1 was lying on the lich in an awkward position. Resident #1 had les on his her feet. He/she told Staff C it was	d urinated and defecated on the stuffed mals.  ring an interview 11/3/20 Staff C stated on 122/20 he/she went to Resident #1's room and 120 s let in by the resident. Items were blocking 120 door which needed to be pushed aside. Staff 120 had just enough room to slide through the door. 120 ere were piles of feces on the floor along with 120 y towels that appeared to have been used to 120 han the floor. Resident #1 was lying on the 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet. He/she told Staff C it was 120 his her feet.	d urinated and defecated on the stuffed mals.  ring an interview 11/3/20 Staff C stated on 122/20 he/she went to Resident #1's room and 122/20 he/she went to Resident #1 he door, 122/20 he/sh

This RULE is not met as evidenced by:

\*\*\*\*>>>Based on record review and staff
interview, the facility failed to ensure that each
resident received care and services which were
adequate, appropriate, and in compliance with
state law and regulations for 1 of 1 sampled
resident (Resident #1). Findings include:

adequate, appropriate, and in compliance with

state law and regulations.

A review of the incident report submitted to the Department dated 10/26/26, showed Resident #1 was having a mental crisis, was unable to care for himself/herself, and needed medical attention. Resident #1 was transferred to the emergency room for evaluation and treatment.

State of GA Inspection Report

Carvedilol (Coreg) 6.25 mg twice daily for

Donepezil (Aricept) 5 mg at night for dementia Levothyroxine (Levothyroid) 125 mg nightly for

Lisinopril (Prinivl) 10 mg daily for high blood

A 5/2016 facility Medication Administration Record (MAR) showed all of the above medications were continued plus the following

Albuterol 90 (Proventil) 1 puff every 6 hours as needed for asthma or chronic obstructive

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S COMPL	
_		ALC000603	B. WING		11/1	3/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SAVANNA	AH COMMONS		HTREE DRIVE IAH, GA 31419			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L2501	was called to the facilithaving a psychotic evapartment there was capartment. There did the bathroom. Window room windows blocked windows blocked by seces was on the floo couch and on Resider unable to have a cohe stated there apparently the facility. They discopaid rent for many, maproblem with the residapparent Resident #1 some time, his/her decovernight. NN did not the facility did not interest the folionial of the facility of the file for 10/19/15 showed diagradmission were the folionial review of the file for 10/19/15 showed diagradmission were the folionial review of the file for 10/19/15 showed diagradmission were the folionial review of the file for 10/19/15 showed diagradmission were the folionial review of the file for 10/19/15 showed diagradmission were the folionial review of the file for 10/19/15 showed diagradmission were the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the folionial review of the file for 10/19/15 showed the file file for 10/19/15 showed the file file file for 10/19/15 showed the file file file file file file file fil	I/3/20 NN stated he/she ty in response to resident ent. Upon entering the only a path through the not appear to be a path to ws were blocked. Living d by blankets and bedroom tacks of styrofoam coolers. In rear the couch, on the nt #1. Resident #1 was seent conversation. NN by was new management at overed Resident #1 had not any months, signifying a ent. NN stated it was had a situation going on for cline did not happen understand why staff from ovene earlier.  Resident #1, admitted on noses of psychotic with stions prescribed on	L2501			

State of GA Inspection Report

hypertension

hypothyroidism

pulmonary disease

pressure



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
	ALC000603	B. WING	11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH, GA 31419  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  L2501 Continued From page 20  Were added: Metformin 500 mg twice daily for diabetes Atorvastatin 20 mg once daily for high cholesterol Furosemide (Lasix) 40 mg once daily for fluid retention Glipizide 5 mg twice daily for diabetes  There was no MAR in the file after 5/2016.  A review of Resident Needs Evaluations showed the following:  10/15/20 Resident refused any type of care. Continence was unknown, resident would not let anyone into his/her room. There were no medication orders.  10/2/20 Resident was evaluated as confused, withdrawn, easily upset, suspicious, interferes
were added: Metformin 500 mg twice daily for diabetes Atorvastatin 20 mg once daily for high cholesterol Furosemide (Lasix) 40 mg once daily for fluid retention Glipizide 5 mg twice daily for diabetes There was no MAR in the file after 5/2016.  A review of Resident Needs Evaluations showed the following:  10/15/20 Resident refused any type of care. Continence was unknown, resident would not let anyone into his/her room. There were no medication orders.  10/2/20 Resident was evaluated as confused,
with care. 9/22/20 Resident refused to be assessed. 8/21/20 Resident refused to be assessed. 7/3120 Resident refused to be assessed 6/20/20 Resident was non compliant 5/19/20 Resident was assessed as non compliant with psychotic delusions, no medications  A review of the facility Observation Notes showed the following:  9/8/20 Resident not eating food from dining room. Stated the army has sprayed the food with poison, has snacks in room 9/22/20 Continues to stay barricaded in his/her room. Will talk to staff through his/her door. Continues to say he/she has food in his/her room.



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medications and meals. NN reported he/she could smell feces from the hallway outside the apartment. Upon entering the apartment NN was overwhelmed with the smell of feces. Piles and piles of random stuff were scattered around the apartment, piled so high and thick there was a single width path throughout the apartment. The carpet was dirty, sink was overflowing and there were dead flies/bugs all over the home. There was feces on the floor near the couch and on Resident #1's feet and ankles. NN was not only concerned about Resident #1's health and wellbeing medically but also about safety based on inaccessibility to the apartment by medical and fire personnel. In interview, Resident #1 told NN the doctor was involved with the mafia and spoke incoherently about people involved in the mafia, there were 30 crime syndicates. Resident #1 was paranoid about criminal groups having video and sound recordings devices listening to him/her. NN asked Resident #1 about the feces on his/her feet. Resident #1 responded it was cookie dough and became very upset, yelling that military doctors would come take him/her away.

Members of the task force determined Resident #1 was not only unable to care for him/herself but

State of GA Inspection Report



PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING ALC000603 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) L2501 Continued From page 22 L2501 was in danger of suffering serious illness if not properly medically evaluated by medical and psychiatric doctors. A 10-13 order was completed, authorizing transport to the hospital. On 10/23/20 NN visited the hospital where Resident #1 was receiving care. Resident #1 continued to be paranoid and delusional and was being treated for pneumonia, chronic obstructive pulmonary disease, diabetes and possible heart problems. During observation on 11/4/20 at 10:30 a.m., the odor in apartment of Resident #1 was so unbearable that the smell permeated even

through a mask. Piles at least 4 feet high of stuffed animals, pillows, boxes could be seen from the door throughout the apartment. There was a path from the door to the sofa. It did not appear there was a path from the living room to the bedroom and bathroom. There were dark stains on the carpet and sofa. There were no visible signs of food or medications in the room. The living room window was covered with blankets. The bedroom window was blocked with something, but from the living room it was difficult to see what was used to block access to the window.

During an interview 11/2/20 Staff A stated he/she just recently started working at the facility. Staff A stated Resident #1 had been living in assisted living since 2015. When Staff A started working he/she was told Resident #1 would not let anyone into the apartment. The resident did not take any medications. Meals were left on trays for him/her, in the hallway outside his/her apartment door. Resident #1 did not eat the food the facility provided, telling staff the government had poisoned it. A friend would come monthly and take Resdent #1 out to shop for groceries. Staff

FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING-ALC000603 11/13/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L2501 Continued From page 23 L2501 A stated he/she tried to see Resident #1 but could only open the apartment door 2 inches, it was blocked. Staff A could talk to Resident #1 but not see him/her. Staff C, who is Staff A's supervisor, visited and was able to coax Resident #1 into opening the door enough to get in. During an interview 11/12/20 Staff A stated he/she was hired 8/24/20. He/she became aware of Resident #1's situation around the end of 9/2020 or beginning of 10/2020. Staff A stated he/she did not attempt to contact Resident #1's emergency contact or any of the physician's listed on the resident's MAR and History and Physical. During an interview 11/2/20 Staff B stated he/she had been employed at the facility about one month. Staff B entered Resident #1's apartment with Staff A and Staff C 10/22/20. They found Resident #1 on the couch. There was feces all over the floor and on Resident #1's feet. The apartment was filled with items to the ceiling. They could not get through to the bathroom. When asked how he/she got to the bathroom, Resident #1 responded he/she would go on the stuffed animals that were all over the apartment. Staff B stated there was evidence Resident #1 had urinated and defecated on the stuffed animals. The smell was horrendous. Resident #1 refused medical care. Staff A called 911 and police responded with a behavior health team. They were able to find Resident #1 incompetent and they sent the resident to the hospital. The contact person listed in the records was a former coworker who had not spoken to Resident #1 in over a year. That person gave Staff A and Staff B

State of GA Inspection Report STATE FORM

many years.

the contact information for a sibling of Resident #1 who lived in St. Simons GA. The sibling told them he/she had not spoken to Resident #1 in

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING

COMPLETED

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B. WING

11/13/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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L2501	Continued From page 24		L2501		
	During an interview 11/3/20 Staff there was no current MAR for Rebecause the resident did not take medications. Staff B stated he/sl when the resident last took medications are interview 11/4/20 Staff could not find any records of doct 2015 and no records of medication. During an interview 11/12/20 Staff could not find any records of medication. During an interview 11/12/20 Staff his/her hire date was 10/5/20. Staf	sident #1 e any ne did not know cations.  B stated he/she or visits since ons after 5/2016.  If B stated aff B stated dent #1's listed on the last in he/she parricaded the g facility food aff B stated /her position for d sent nurses hey were aware			
	appear they had done anything to resident.  During an interview 11/3/20 Staff worked in the corporate office but facility several times over the pas Staff C stated the week prior to 10 had gone to Resident #1's apartm #1 opened the door a few inches Staff C. He/she could see into the There was no feces on the floor o #1. There was no odor of urine of 10/22/20 Staff C again went to Rewas let in by the resident. Items we the door which needed to be push C had just enough room to slide the repection Report	C stated he/she was at this t few weeks. 0/22/20 he/she tent. Resident and spoke to a apartment. It on Resident feces. On esident #1's and were blocking the daside. Staff brough the door.			

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State of GA Inspection Report

was seen previously at the agency he/she was able to manage while on medications but was not functional without medication. During this visit, Resident #1 had no idea something was wrong. MM stated he/she and NN pushed their way into the apartment. There was barely enough room for 3 people to stand because the apartment was full of furniture and other personal items. There was a path from the front door to the couch. There was no path to get to the bathroom, the



11/13/2020

State of GA, Healthcare Facility Regulation Division (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A. BI

MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
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OILDII VO.	

ALC000603

B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

1 PEACHTREE DRIVE

SAVANNA	AH COMMONS	1 PEACHTREE DRIVE SAVANNAH, GA 31419		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORI	BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page 26  way was blocked with furniture. Near the there was a bucket of feces, a pile of fece floor, feces and urine on stuffed animals, couch and on Resident #1. The smell was horrendous. Items had to be moved out of apartment and into the hall to get the streinto the apartment.  During an interview 11/4/20 Staff D, LPN he/she had worked at the facility 4 years. had last seen Resident #1 approximately prior to day the resident taken to hospital stated he/she would go by the apartment and could hear Resident #1 talking to him in the apartment. Staff D stated in his/he at the facility, Resident #1 had never take medications. There was never an MAR. did not know of any doctor visits in the payears. When he/she started working 4 ye Resident #1 would come out into the hall him/her. In the past 3 weeks Resident #1 to open the door. In the past month or m half Resident #1 stopped eating facility for From the beginning Resident #1 talked all military spying on him/her.  During an interview 11/4/20 Staff F stated had worked at the facility 1 year and 2 mc Staff F was a CNA and CMA. Staff F had knocked on Resident #1's door several ti with no response. Staff F would deliver mand leave the tray on the shelf by the doc Resident #1 eventually took the tray if he/wanted to eat it. When Staff F began worthe facility, Resident #1 would come out to the piano or go grocery shopping. Becaus Resident #1 blocked the door, Staff F coureally open the door. Sometimes the resi would open the door and peek out. When	es on the on the as of the estcher  , stated Staff D 1 week . Staff D daily n/herself r 4 years n Staff D set 4 ears ago, to talk to I refused onth and od. cout the I he/she onths. I mes neals or. //she rking at o play se uld not dent	DEFICIENCY)	
	could see Resident #1, he/she was unker	npt,		



(X3) DATE SURVEY

State of GA, Healthcare Facility Regulation Division

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

ANDFE	AN OF CORRECTION	DENTIFICATION NUMBER	A. BUILDING:		COMPLETED
		ALC000603	B. WING		11/13/2020
l	F PROVIDER OR SUPPLIER	1 PEAC	DDRESS, CITY, STAT HTREE DRIVE IAH, GA 31419	E, ZIP CODE	
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L25	wearing a dirty nightg had body odor. Staff he/she could rememb of the apartment was  During an interview 1° had worked at the fact last saw Resident #1 cresident's hair was no stained and dirty. Statesident's feet. When 2015 Staff E helped	own, had greasy hair and F stated the last time er Resident #1 coming out a couple of months ago.  1/4/20 Staff E stated he/she lity over 20 years. Staff E one week prior. The t clean, and clothing was ff E did not look at the Resident #1 moved in in m/her bathe and dress, an to say the government of get in the water. Staff E orted to barricade his/her  O, previous administrator, and not keep a doctor, they im/her after awhile. OO get a psychiatrist to see lity. OO called the crisis told him/her that the extime, year, location, and. They said they could to the hospital against the right to refuse ions. OO stated he/she me Resident #1 saw a ions. OO stated they tried or Resident #1. OO stated sis team professional would help.  1/5/20 PP, previous DON, seed at the facility mid 2018. It was a doctor. Staff would	L2501		

(X2) MULTIPLE CONSTRUCTION

State of GA Inspection Report

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State of	GA, Healthcare Facility	Regulation Division			rorav	TATTOVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		ALC000603	B, WING		11/1	3/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
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OAVAITIVA		SAVANN	AH, GA 31419			
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L2501	Continued From page	28	L2501			
	and orders when he/s those orders ran out F orders for refills and w renewed prescriptions last time the resident stated they had called evaluate Resident #1. was alert and oriented him/her to the hospita called EMS many time transport the resident treatment.  There was no docume Resident #1 to show w checked on Resident resident to accept help documentation that sta food available in the a resident refused facilit documentation the face Protective Services to There was no docume contact Resident #1's 10/22/20. There was	he moved in but when Resident #1 did not have yould not see a doctor for s, so 2016 was probably the took medications. PP I the crisis team to come They said Resident #1 if and they would not take II. PP stated he/she had see but they refused to but he/she refused when or how often staff #1 or tried to encourage the but they refused to have a more aff verified Resident #1 had partment on the days the y food. There was no sility had reported to Adult get help for Resident #1. Intation the facility tried to emergency contact prior to no documentation the apartment prior to				
	This violation was prev	viously cited 10/2/20.				

State of GA Inspection Report

L2512 111-8-63-.25(1)(i) Supporting Residents' Rights.

This RULE is not met as evidenced by:

neglect and exploitation.

Each resident must have the right to be free from mental, verbal, sexual and physical abuse,

STATE FORM

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L2512

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PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALC000603 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L2512 Continued From page 29 L2512 \*\*\*\*>>>Based on observation, record review and interview, the facility failed to ensure each resident had the right to be from neglect for 1 of 3 sampled resident (Resident #1). Findings include: During an interview 11/3/20 NN stated he/she was called to the facility in response to resident having a psychotic event. NN stated when he/she entered the apartment there was only a path through the apartment, including a path to the bathroom. Windows were blocked. Living room windows blocked by blankets and bedroom windows blocked by stacks of styrofoam coolers.

A review of the file for Resident #1, admitted on 10/19/15 showed diagnoses of psychotic delusions. The following medications were prescribed on admission:

the facility did not intervene earlier.

Feces was on the floor near the couch, on the couch and on Resident #1. Resident #1 was unable to have a coherent conversation. NN stated there apparently was new management at the facility. They discovered Resident #1 had not paid rent for many, many months, signifying a problem with the resident. NN stated it was apparent Resident #1 had a situation going on for some time, his/her decline did not happen overnight. NN did not understand why staff from

Novolog 5 units three times daily before meals Lantus 15 unites at nightly Carvedilol (Coreg) 6.25 mg twice daily for hypertension Donepezil (Aricept) 5 mg at night for dementia Levothyroxine (Levothyroid) 125 mg nightly for hypothyroidism Lisinopril (Prinivl) 10 mg daily for high blood

State of GA Inspection Report STATE FORM

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			DEFICIENCY)	
L2512	Continued From page 30	L2512		
	Albuterol 90 (Proventil) 1 puff every 6 hours as needed for asthma or chronic obstructive pulmonary disease A 5/2016 facility Medication Administration Record (MAR) showed all of the above medications were continued plus the following were added: Metformin 500 mg twice daily for diabetes Atorvastatin 20 mg once daily for high cholesterol Furosemide (Lasix) 40 mg once daily for fluid retention Glipizide 5 mg twice daily for diabetes There was no MAR in the file after 5/2016.			
	A review of Resident Needs Evaluations showed the following information:			
	10/15/20 Resident refused any type of care. Continence was unknown, resident would not let anyone into his/her room. There were no medication orders. 10/2/20 Resident was evaluated as confused, withdrawn, easily upset, suspicious, interferes with care. 9/22/20 Resident refused to be assessed. 8/21/20 Resident refused to be assessed. 7/3120 Resident refused to be assessed 6/20/20 Resident was non compliant 5/19/20 Resident was non compliant with psychotic delusions, no medications  A review of the Facility Observation Notes showed the following:			
	9/8/20 Resident not eating food from dining room. Stated the army has sprayed the food with poison, has snacks in room 9/22/20 Continues to stay barricaded in his/her room. Will talk to staff through his/her door. Continues to say he/she has food in his/her room.			

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(X3) DATE SURVEY

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

	CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPL	ETED
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N 1 aa b ta ir ir aa 1 aa wa h oo ro A d d cl re d d cl re d d cl re d	able to see Resident # parricaded the door to one the resident but not be seen the resident #1 seen the seen the resident #1 seen the seen the resident #1 seen the resident the rould only open a bit seen the resident the rould only open a bit seen the rould only open a bit seen the rould only open a bit seen the round on the resident to accept help occumentation of where the resident to accept help occumentation that states and available in the appropriate the resident #1's exported to the resident #1's exported to assess if a preview on 11/3/20 of the rewall the resident the facility attempted to encorrect to a call that on psychosis and was ported to NN that Resident small feces from partment. Upon enter the resident the resident small feces from partment.	m facility he/she heard no one was fund the resident his/her room. Attempted could only open the door 2 tated he/she did not need ell was noted with resident. Staff was rough open door. Door so far. Will not let to clean. Room very refuse meals from dining  umentation showed no n or how often staff functined to encourage the to There was no off verified Resident #1 had partment on the days the food. There was no olity had reported to Adult get help for Resident #1. Intation of any intervention calling 911 on 10/22/20. Intation the facility tried to emergency contact prior to no documentation the ter the apartment prior to	L2512			

(X2) MULTIPLE CONSTRUCTION

State of G	A, Healthcare Facility	Regulation Division				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
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L2512	Continued From page	32	L2512			
	apartment, piled so his single path throughout carpets were dirty, sin were dead flies/bugs a was feces on the floor Resident #1's feet and concerned about Resi wellbeing medically but on inaccessibility to the fire personnel. In intentine doctor was involved incoherently about per there were 30 crime syparanoid about criminal sound recordings devin NN asked Resident #1 respand became very upsed doctors would come take the was not only unable was in danger of suffer properly medically evants of the task for the personnel of the paranoid about criminal completed, authorizing the properly medically evants of the task for the personnel for pieces on the personnel for the personnel for the personnel for pieces on the pieces on the pieces of pieces on the pieces on the pieces of pieces on the pieces on the pieces on the pieces on the pieces of pieces on the piece	k was overflowing and there all over the home. There and over the home. There and over the couch and on ankles. NN was not only dent #1's health and at also about safety based a apartment by medical and view, Resident #1 told NN and with the mafia and spoke ople involved in the mafia, yndicates. Resident #1 was all groups having video and ces listening to him/her. I about the feces on his/her conded it was cookie dough et, yelling that military also him/her away. Once determined Resident et to care for him/herself but ring serious illness if not luated by medical and 10-13 order was a transport to the hospital. I de the hospital where ving care. Resident #1 bid and delusional and monia, chronic obstructive abetes and possible heart				

State of GA Inspection Report

facility 10/22/20 at 1:38 p.m. reported to EMTs Resident #1 was refusing medications, food, drink, showers and having laundry done. Staff reported Resident #1 was having hallucinations.

The EMTs found Resident #1 in his/her

(X3) DATE SURVEY

State of GA, Healthcare Facility Regulation Division

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>	COMPLETED
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L2512	apartment. The reside on the floor, furniture and the floor, furniture and the floor a	ent had feces on him/her, and stuffed animals. Ited to to date, time and delusions and rs. Resident #1 reported I problems, no pain. A on was done by other e scene. Resident #1 was zard to self. When EMS ent #1 in the ambulance ative and EMS staff Ativan. After 5 minutes y allowed EMS staff to inbulance. Resident #1 morial University Health  11/4/20 at 10:30 a.m., the apartment was terrible, Piles of stuffed animals, e seen from the door ent. There was a path of a. It did not appear that the living room to the in. There were dark stains. There were no visible ations in the room. The is covered with blankets. was blocked with e living room it was difficult to block access to the	L2512		

(X2) MULTIPLE CONSTRUCTION

PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING ALC000603 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L2512 L2512 | Continued From page 34 trays for him/her, in the hallway outside his/her apartment door. Resident #1 did not eat the food the facility provided, telling staff the government had poisoned it. A friend would come monthly and take Resdent #1 out to shop for groceries. Staff A stated he/she tried to see Resident #1 but could only open the apartment door 2 inches, it was blocked. Staff A could talk to Resident #1 but not see him/her. Staff C. who is Staff A's supervisor, visited and was able to coax Resident #1 into opening the door enough to get in. During an interview on 11/2/20, Staff B stated he/she had been employed at the facility about one month. Staff B entered Resident #1's apartment with Staff A and Staff C 10/22/20, they found Resident #1 on the couch. There was feces all over the floor and on Resident #1's feet. The apartment was filled with items to the ceiling. They could not get through to the bathroom. When asked how he/she got to the bathroom, Resident #1 responded he/she would go on the stuffed animals that were all over the apartment. Staff B stated there was evidence Resident #1 had urinated and defecated on the stuffed animals. The smell was horrendous. Resident #1 refused medical care. Staff A called 911 and police responded with a behavior health team. They were able to find Resident #1 incompetent and they sent the resident to the hospital. Staff B

stated he/she had been told Resident #1's only child was deceased in 2016. The contact person listed in the records was a former coworker who had not spoken to Resident #1 in over a year. That person gave Staff A and Staff B the contact information for a sibling of Resident #1 who lived in another town. The sibling told them he/she had not spoken to Resident #1 in many years.

During an interview 11/3/20 Staff B, stated there

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State of GA, Healthcare Facility Regulation Division

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		ALC000603	B. WING		11/	13/2020
	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE STREE DRIVE AH, GA 31419	TE, ZIP CODE		TOTAL
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED)		(X5) COMPLETE DATE
L2512	resident did not take stated he/she did not took medications.  During an interview 1 could not find any rec 2015 and no records  During an interview 1 his/her hire date was he/she did not try to c emergency contact of MAR or history and p became aware Resid apartment door, was and did not take med there had not been a awhile so the govern from other facilities to of the situation with Fappear they had done resident.  During an interview 1 worked in the corpora facility several times of Staff C stated the we had gone to Resident #1 opened the door as Staff C. He/she could There was no feces of #1. There was no oc 10/22/20 Staff C agai was let in by the resident the door which needed C had just enough roor There were piles of fedirty towels that appe	for Resident #1 because the any medications. Staff B know when the resident last 1/4/20 Staff B stated he/she cords of doctor visits since of medications after 5/2016.  1/12/20 Staff B stated 10/5/20. Staff B stated contact Resident #1's rephysicians listed on the last hysical when he/she ent #1 had barricaded the not accepting facility food ications. Staff B stated nurse in his/her position for ing body had sent nurses whelp out. They were aware desident #1 but it did not	L2512			

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several years before at a mental health agency that had treated Resident #1 for schizophrenia. MM stated when Resident #1 was seen previously at the agency he/she was able to manage while on medications but was not functional without medication. MM stated he/she and NN pushed their way into the apartment. There was barely enough room for 3 people to stand because the apartment was full of furniture and other personal items. There was a path from the front door to the couch. There was no path to get to the bathroom, the way was blocked with furniture. Near the couch there was a bucket of feces, a pile of feces on the floor, feces and urine on stuffed animals, on the couch and on Resident

State of GA. Healthcare Facility Regulation Division

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		ALC000603	B. WING		11/13/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
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L2512	Continued From page	37	L2512		
		rrendous. Items had to be the the the the the the the the the th			
	he/she had worked at had last seen Resider prior to day the reside stated he/she would g and could hear Reside in the apartment. Stat at the facilty, Resident medications. There w did not know of any do years. When he/she seed Resident #1 would corn him/her. In the past 3 to open the door. In the half Resident #1 stopp	as never an MAR. Staff D octor visits in the past 4 started working 4 years ago, me out into the hall to talk to weeks Resident #1 refused ne past month or month and bed eating facility food. esident #1 talked about the			
	had worked at the facil Staff F was a CNA and the door several times would deliver meals ar shelf by the door. Res the tray if he/she wante began working at the fi come out to play the pi shopping. Because Re door, Staff F could not Sometimes the resider	esident #1 blocked the			

State of GA Inspection Report

couple of months ago.

he/she was unkempt, wearing a dirty nightgown, had greasy hair and had body odor. Staff F stated the last time he/she could remember Resident #1 coming out of the apartment was a

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L2600

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L2600 111-8-63-.26(1) Procedures for Change in Resident's Condition

water. Staff E stated Resident #1 started to barricade his/her door a few years ago.

In case of an accident or sudden adverse change in a resident's condition or adjustment, an assisted living community must immediately take the actions appropriate to the specific circumstances to address the needs of the resident, including notifying the representative or legal surrogate, if any. The assisted living community must retain a record of all such adverse changes and the assisted living community's response in the resident's files.

This RULE is not met as evidenced by: \*\*\*\*>>>>Based on record review and interview, the facility failed to ensure that in case of an accident or sudden adverse change in a resident's condition or adjustment, immediate actions appropriate to the specific circumstances were taken to address the needs of the resident, including notifying the representative or legal surrogate, if any. The assisted living community must retain a record of all such adverse changes and the assisted living community's response in

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State of GA. Healthcare Facility Regulation Division

NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE, ZIP CODE	
	ALC000603	B. WING	11/13/2020
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
State of GA, nealthcare racinty	Regulation Division		

1 PEACHTREE DRIVE

SAVANNAH COMMONS SAVANNAH, GA 31419					
(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	
L2600	the resident's files for 1 of 1 sampled resident (Resident #1). Findings include:  A review on 11/3/20 of the LE report showed NN arrived at the facility 10/22/20 at 2:21 p.m. in response to a call that a resident was suffering from psychosis and covered in feces. Staff A reported to NN that Resident #1 was refusing medications and meals. NN reported he/she could smell feces from the hallway outside the apartment. Upon entering the apartment NN was overwhelmed with the smell of feces. Piles and piles of random stuff was scattered around the apartment, piled so high and thick there was a single width path throughout the apartment. The carpets were dirty, sink was overflowing and there were dead flies/bugs all over the home. There was feces on the floor near the couch and on Resident #1's feet and ankles. NN was not only concerned about Resident #1's health and wellbeing medically but also about safety based on inaccessibility to the apartment by medical and fire personnel. In interview, Resident #1 told NN the doctor was involved with the mafia and spoke incoherently about people involved in the mafia, there were 30 crime syndicates. Resident #1 was paranoid about criminal groups having video and sound recordings devices listening to him/her. NN asked Resident #1 about the feces on his/her feet. Resident #1 responded it was cookie dough and became very upset, yelling that military doctors would come take him/her away. Members of the task force determined Resident #1 was not only unable to care for him/herself but was in danger of suffering serious illness if not properly medically evaluated by medical and psychiatric doctors. A 10-13 order was completed, authorizing transport to the hospital.	L2600			

State of GA Inspection Report

STATE FORM

PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B, WING ALC000603 11/13/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L2600 L2600 Continued From page 40 documentation to show that any staff attempted to contact the emergency contact listed on the resident's face sheet. There was no documentation to show that staff attempted to call the physician listed on the admitting history and physical and the last MAR. Observation note dated 9/8/20 showed Resident #1 was not eating food provided by the facility, there were snacks in the resident's room. 9/22/20 note showed Resident #1 continued to barricade him/herself in the room. Not accepting any food from the facility. 10/12/20 note by Staff B showed he/she and Staff F attempted to see Resident #1. They were able to push the door open only two inches. They could not see the resident. A horrible smell was noted. During an interview on 11/12/20 Staff B stated his/her hire date was 10/5/20. Staff B stated he/she did not try to contact Resident #1's emergency contact or physicians listed on the last MAR or history and physical when he/she became aware Resident #1 had barricaded the apartment door, was not accepting facility food and did not take medications. Staff B stated there had not been a nurse in his/her position for awhile so the governing body had sent nurses from other facilities to help out. They were aware of the situation with Resident #1 but it did not appear they had done anything to help the resident.

State of GA Inspection Report

SS=J

Residents.

L2800 111-8-63-.28(1) Immediate Transfers of

The administrator or on-site manager of the assisted living community must initiate an immediate transfer to an appropriate setting if the resident develops a physical or mental condition

16N211

L2800

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State of GA Inspection Report

During an interview 11/3/20, NN stated he/she was called to the facility in response to resident having a psychotic event. Upon entering the apartment there was only a path through the apartment. There did not appear to be a path to the bathroom. Windows were blocked. Living room windows blocked by blankets and bedroom

16N211

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State of GA, Healthcare Facility Regulation Division (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 11/13/2020 ALC000603 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L2800 L2800 Continued From page 42 windows blocked by stacks of styrofoam coolers. Feces was on the floor near the couch, on the couch and on Resident #1. Resident #1 was unable to have a coherent conversation. NN stated there apparently was new management at the facility. They discovered Resident #1 had not paid rent for many, many months, signifying a problem with the resident. NN stated it was apparent Resident #1 had a situation going on for some time, his/her decline did not happen overnight. NN did not understand why staff from the facility did not intervene earlier. During observation on 11/4/20 at 10:30 a.m., the odor in Resident #1's apartment was terrible, even when wearing a mask. Piles of stuffed animals, pillows, boxes could be seen from the door throughout the apartment. There was a path from the door to the sofa. It did not appear there was a path from the living room to the bedroom and bathroom. There were dark stains on the carpet and sofa. There were no visible signs of food or medications in the room. The living room window was covered with blankets. The bedroom window was blocked with something, but from the living room it was difficult to see what was used to block access to the window.

State of GA Inspection Report STATE FORM

16N211



### October 2, 2020

In response to a recent survey, the following is a plan of correction. Please note: the official, written report has not yet been received, and the information below is based on a verbal report from Rachel Barevich, BSW from the State of Georgia, Department of Community Health.

-The current Thrive Senior Living lease agreement states that an emergency call system is in place. However, the Arbors Memory Care, at the Social at Savannah, does not have a functioning call system. The citation was for not following our own policy. The lease agreement will be revised, and that language will be removed from the lease, as well as the move in checklist. In addition, the pull cords that were visually present in the Arbors have been removed to prevent assumptions with prospects.

-A care and services tag was also given for the resident's care needs not being met due to the care plans having been locked in the med room. The care plans are now kept in a readily accessible area so that caregivers can access them and assure care plans are being followed.

Jennifer Mohler | Community President The Social at Savannah

PRINTED: 11/27/2020 FORM APPROVED State of GA, Healthcare Facility Regulation Division (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING \_ B. WING ALC000603 10/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH COMMONS SAVANNAH, GA 31419 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 000 Initial Comments. L 000 >>>>The purpose of this visit on was to investigate intake #GA00208098. The investigation started on 9/18/20 and was completed 10/2/20. L 701 L 701 111-8-63-.07(2) Owner Governance. SS=J The governing body is responsible for implementing policies, procedures and practices in the community that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with these rules. This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to implement their policies, procedures and practices in the community that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with these rules. Findings include: A review of the admission agreement (AA) for Resident #1 showed that an emergency call device in bedroom/bathroom area would be provided. A review of the Resident Suite Inspection Checklist on 9/5/20 for Resident #1 showed an E Call System was ready in his/her

State of GA Inspection Report

suite.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

During an interview on 9/13/20, GG stated on the first night of Resident #1 at the facility, he/she fell and fractured his/her hip. The call bell system at this facility was not working. GG stated he/she was unaware the call bell system was not working and would not have left Resident #1

TITLE

(X6) DATE

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State of GA, Healthcare Facility Regulation Division

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		ALC000603	B. WING		10/02/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
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L 701	Continued From page	1	L 701		
	there if he/she had kn	own.			
	facility staff told him/ho system in the memory	n 9/21/20 , GG stated the er there was a call bell care unit (MCU). GG tem was also included in			
	there was no working and there never has b were pull cords in the hooked to a system.	n 9/21/20, Staff A stated call bell system in the MCU een. Staff A stated there rooms, but they were not Staff A stated they never a call bell system in the			
	staff were to do check residents. Staff A state fell and fractured his/h implemented for staff t This policy was impler	ed that after Resident #1 er hip, a policy was o do checks every hour.			
L2501 SS=J	The assisted living coreach resident care and	, and in compliance with	£2501		
	the facility failed to ens care and services which appropriate, and in con-	review and staff interview, sure each resident received			

State of GA Inspection Report STATE FORM

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State of GA, Healthcare Facility Regulation Division

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE  A. BUILDING:	CONSTRUCTION		SURVEY PLETED
1		ALC000603	B. WING		10	/02/2020
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	Department dated 9/9/had a fall on 9/5/20 an hip. The facility did not system. Resident #1 wemergency room for e During an interview on Resident #1 was admi #1 had been living at a Community but needed that staff from the facility pre-admission assess Resident #1 used a rol needed assistance to seeded	at report submitted to the /20 showed Resident #1 d sustained a fractured left is have a functional call bell vas transferred to the valuation and treatment.  9/18/20, GG stated tted to the MCU. Resident another Assisted Living d more care. GG stated ity completed a ment. GG stated that lator for ambulation but stand. On the day B was the manager on B told him/her that there sion as to what level of care admission. GG stated term memory loss but had autton for assistance at the tated on the first night at fell and fractured his/her e call bell at this facility was d that he/she was unaware orking. GG stated that left Resident #1 at the own the call bell system if the call bell system was	L2501	DEFICIENCY)		
	A review of the file for F	Resident #1 showed n 9/5/20 with diagnoses of				

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A review of the Memory Care Quality of Life Assessment dated 8/12/20, completed by Staff C showed Resident #1 required assistance from 1 or more persons with ambulation. Resident #1 was incontinent of bowel and/or bladder and required assistance to appropriately manage personal toileting and hygiene care. The assessment showed Resident #1 had no history of wandering or exit seeking behavior. Resident #1 had random behaviors and was confused at times.

dressing, eating, grooming, toileting. Resident #1 needed supervision in transferring. The PME also showed that Resident #1 needed assistance from staff during the night for incontinent care

and intermittent confusion.

A review of the nurses' notes (NNs) dated 9/5/20 at 2:40 p.m. showed Resident #1 arrived at the facility with family. Resident #1 ambulated with a rollator walker. The NN's also noted that Resident #1 needed assistance with Activities of Daily Living (ADLs) and toileting.

Further review of the NN's dated 9/28/20 showed that at 10:00 p.m., Resident #1 had dinner with his/her family. The family left after dinner. At 10:30 p.m., Resident #1 was found on the floor. complaining of a broken hip. Staff called a hospice nurse. The hospice nurse arrived at 11:10 p.m., assessed the resident and Resident #1 was sent to the emergency room for evaluation and treatment.

A review of the hospice interdisciplinary care plan State of GA Inspection Report

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State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING;	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
1	ALC000603	B. WING	10/02/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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L2501	Continued From page 4  dated 9/28/20, showed Resident #1 ambulated using an assistance device and only with assistance of staff. Resident #1 needed assistance of staff to the toilet.  A review of the 9/2020 work schedule showed Staff D and Staff E were on duty 9/5/20 3:00 p.m. to 11:00 p.m. Census in the MCU was 8 residents.  During an interview on 9/21/20, Staff A stated the call bell system in the MCU never had been functional. Staff A stated there were pull cords in the rooms but they were not hooked to a system. Staff A stated they never told families that there was a call bell system in the MCU. Staff A stated Resident #1 had worn a call pendant at a previous facility and would activate the pendant when help was needed. Staff A stated they do not have such a system. Staff A stated that staff were available to observe residents and provide help when needed.  During an interview on 9/24/20, Staff A stated a new policy was implemented after Resident #1 fell and Staff A realized there was no call bell system in the MCU. The new policy was for staff to do hourly checks on-residents. instead of the previous policy of checking the residents every two hours.  During an interview on 9/28/20 at 9:00 a.m., Staff C stated that he/she did a phone pre-admission assessment of Resident #1. Staff C stated that the staff from the previous facility reported that Resident #1 was very independent, could call for help when needed. Staff C stated Resident #1 had no history of falls so he/she did not do a fall assessment.	L2501		

State of GA Inspection Report

State of GA, Healthcare Facility Regulation Division

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE : COMPI	
7		ALC000603	B. WING		10/	02/2020
	ROVIDER OR SUPPLIER	1 PEACH	DRESS, CITY, ST TREE DRIVE AH, GA 31419	ATE, ZIP CODE		
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L2501	Staff C stated his/her the facility was 2 days admission. Staff C staresident file, which inconsessment, and the immedication room in he the medication room in he the medication technician room. Staff C also stared access to the care plant unlocked.  During an interview on stated that Resident #assistance than the fact he/she would ask faming placement. Il stated Reduring the night. Il stared Resident #1 was found calling for assistance. Not have a history of fact the floor in the doorwal and bathroom. Resident #1 in be sounded asleep so Staresident for toileting. Staff D assi used it to walk to the behe/she called the nurse assess Resident #1 and ambulance. Staff D statem/her any information #1. If he/she had known assistance in ambulating the resident for the staff D statem/her any information #1. If he/she had known assistance in ambulating assistance in ambulating the resident for the staff D statem/her any information #1. If he/she had known assistance in ambulating the resident for the staff D statement in the staff D statement in the staff D staff	ew on 10/2/20 at 9:00 a.m., last day of employment at before Resident #1's ated that he/she left the sluded the needs medications in the MCU. Staff C stated that was locked when the or nurse are not in the sted that care aides had ns when the room was  1 9/28/20 at 9:30 a.m., Il was going to need more cility could provide, and sly to consider a new stesident #1 was incontinent ated that sometimes of in the bathroom without II stated Resident #1 did halls.  10/1/20, Staff D stated 8/20. Staff D stated he/she of during 8:00 p.m. rounds aff D did not wake the staff D stated during the she found Resident #1 on by between the bedroom ent #1's walker was next to be unded the resident had athroom. Staff D stated e on duty who came to do then called the lated no one had given in on the needs of Resident win Resident #1 needed	L2501			

State of GA Inspection Report

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State of GA, Healthcare Facility Regulation Division

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, ST	ATE, ZIP CODE		
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		SAVANNAH	, GA 31419			
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L2501	Continued From page	6	L2501			
	bathroom. Staff D sta kept locked in the med	ted the care plans were dication room. Staff D aw a care plan or needs				
	During an interview of a new resident is admit medication technician and/or family what care stated he/she took the medication technicians ask about care needed kept in the charts locked Care aides were not all JJ stated he/she would resident needed if he/s initiative to ask the me residents or family. JJ duty when Resident #1 During an interview on he/she was on duty 9/5 admitted to the MCU. Staff D that Resident # walker and needed state ambulation. Staff B state caregiver would undersonew resident. Staff B state Resident #1 used a cale facility and had succession.	in 10/2/20, JJ stated when litted to the MCU, the would inform resident e the resident needed. JJ initiative to talk to the state of the care plans were ed in the medication room. Howed to look in the charts. If not know what care a new she did not take the dication technician, stated he/she was not on was admitted.  10/2/20, Staff B stated 5/20 when Resident #1 was Staff B stated he/she told for walked with a rolling and by assist with lated he/she assumed the stand to keep an eye on a stated that apparently li pendant at the previous in its use. Staff B stated the time that the call bell				

State of GA Inspection Report

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	(X3) DATE SURVEY COMPLETED
	ALC000603	B. WING	10/02/2020
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{L 0000}			
	>>>>The purpose of this vis	it on was to investigate intake #GA00208098.	
	The investigation started on	9/18/20 and was completed 10/2/20.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
	ALC000603	B. WING	10/02/2020		
NAME OF PROVIDER OR SUPPLIER	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE			
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419			
	r	<u> </u>			
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)			
{L 0701}					
SS= J					
	procedures and practices in	w and interview, the facility failed to implement the community that support the core values of corivacy of the residents in a safe environment and le:	lignity, respect,		
	A review of the admission agreement (AA) for Resident #1 showed that an emergency call devi in bedroom/bathroom area would be provided. A review of the Resident Suite Inspection Checklist on 9/5/20 for Resident #1 showed an E Call System was ready in his/her suite.				
	During an interview on 9/13/20, GG stated on the first night of Resident #1 at the facility, he/she fell and fractured his/her hip. The call bell system at this facility was not working. GG stated he/she was unaware the call bell system was not working and would not have left Resident #1 there if he/she had known.				
		/20 , GG stated the facility staff told him/her thereunit (MCU). GG stated the call bell system was			
	and there never has been.	720, Staff A stated there was no working call bel Staff A stated there were pull cords in the rooms a stated they never told families there was a call	s, but they were not		
	residents. Staff A stated that implemented for staff to do do	./20, Staff A stated staff were to do checks ever at after Resident #1 fell and fractured his/her hip, checks every hour. This policy was implemented as no call bell system in the MCU.	, a policy was		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	(X3) DATE SURVEY COMPLETED		
	ALC000603	B. WING	10/02/2020		
NAME OF PROVIDER OR SUPPLIES SAVANNAH COMMONS	R	STREET ADDRESS, CITY, STATE, ZIP CODE  1 PEACHTREE DRIVE SAVANNAH, GA 31419			
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
{L 2501} SS= J	received care and services v	v and staff interview, the facility failed to enso which were adequate, appropriate, and in cor ampled resident (Resident #1). Findings inclo	mpliance with state law		
	A review of the incident report submitted to the Department dated 9/9/20 showed Resident #1 had a fall on 9/5/20 and sustained a fractured left hip. The facility did not have a functional call bell system. Resident #1 was transferred to the emergency room for evaluation and treatment.				
	had been living at another A from the facility completed a rollator for ambulation but no the manager on duty. GG stawhat level of care Resident memory loss but had always stated on the first night at the call bell at this facility was no	20, GG stated Resident #1 was admitted to to ssisted Living Community but needed more of pre-admission assessment. GG stated that beded assistance to stand. On the day Resided Staff B told him/her that there had been the staff B told him/her that there had been the staff B told him/her that there had been the staff B told him/her that there had been the staff B told him/her that the call button for assistance at the property of the staff B told him/her that the factorial staff B told him the staff B told him	care. GG stated that state Resident #1 used a lent #1 fell, Staff B was some confusion as to t #1 had short termevious facility. GG r hip. GG stated that that the call bell was no		
	During an interview on 9/21/2 in the MCU. GG stated the o	20, GG stated staff had told him/her that the call bell system was also referred to in the AA	re was a call bell syster \.		
	malignant neoplasm of the v Medical Evaluation (PME) fo dressing, eating, grooming, t	ent #1 showed he/she was admitted on 9/5/2 ulva, lung, bones, pain, hypertension. The 8, rm showed Resident #1 needed assistance v oileting. Resident #1 needed supervision in 1 needed assistance from staff during the nig	/31/20 Physician's with ambulating, bathing transferring. The PME		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALC000603	(X2) MULTIPLE CONSTRUCTION A, BUILDING B, WING	(X3) DATE SURVEY COMPLETED 10/02/2020		
NAME OF PROVIDER OR SUPPLIE	ER .	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419			
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
	showed Resident #1 require was incontinent of bowel ar personal toileting and hygie	are Quality of Life Assessment dated 8/12/2 ed assistance from 1 or more persons with nd/or bladder and required assistance to ap one care. The assessment showed Residen dehavior. Resident #1 had random behavio	ambulation. Resident #1 opropriately manage it #1 had no history of		
	A review of the nurses' notes (NNs) dated 9/5/20 at 2:40 p.m. showed Resident #1 arrived the facility with family. Resident #1 ambulated with a rollator walker. The NN's also noted the Resident #1 needed assistance with Activities of Daily Living (ADLs) and toileting.  Further review of the NN's dated 9/28/20 showed that at 10:00 p.m., Resident #1 had dinner his/her family. The family left after dinner. At 10:30 p.m., Resident #1 was found on the floo complaining of a broken hip. Staff called a hospice nurse. The hospice nurse arrived at 11:10 p.m., assessed the resident and Resident #1 was sent to the emergency room for evaluation treatment.				
		erdisciplinary care plan dated 9/28/20, shown and only with assistance of staff. Resident			
	A review of the 9/2020 work schedule showed Staff D and Staff E were on duty 9/5/20 3:00 p.m. to 11:00 p.m. Census in the MCU was 8 residents.				
	During an interview on 9/21/20, Staff A stated the call bell system in the MCU never had been functional. Staff A stated there were pull cords in the rooms but they were not hooked to a system. Staff A stated they never told families that there was a call bell system in the MCU. Staff A stated Resident #1 had worn a call pendant at a previous facility and would activate the pendant when help was needed. Staff A stated they do not have such a system. Staff A stated that staff were available to observe residents and provide help when needed.				
	fell and Staff A realized ther	/20, Staff A stated a new policy was impler re was no call bell system in the MCU. The nts. instead of the previous policy of check	e new policy was for staff to		
		/20 at 9:00 a.m., Staff C stated that he/she lesident #1. Staff C stated that the staff fro			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED				
	ALC000603	B. WING	10/02/2020				
NAME OF PROVIDER OR SUPPLIE	ER .	STREET ADDRESS, CITY, STATE, ZIP CODE  1 PEACHTREE DRIVE					
o vanian comment		SAVANNAH, GA 31419					
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EEGULATORY OR LSC IDENTIFYING INFORMATION)					
		reported that Resident #1 was very independent, could call for help when needed. Staff C stated Resident #1 had no history of falls so he/she did not do a fall assessment.					
	During another interview on 10/2/20 at 9:00 a.m., Staff C stated his/her last day of employ the facility was 2 days before Resident #1's admission. Staff C stated that he/she left the file, which included the needs assessment, and the medications in the medication room in MCU. Staff C stated that the medication room was locked when the medication technician nurse are not in the room. Staff C also stated that care aides had access to the care plans the room was unlocked.						
	During an interview on 9/28/20 at 9:30 a.m., II stated that Resident #1 was going to need mor assistance than the facility could provide, and he/she would ask family to consider a new placement. II stated Resident #1 was incontinent during the night. II stated that sometimes Resident #1 was found in the bathroom without calling for assistance. II stated Resident #1 di not have a history of falls.  During an interview on 10/1/20, Staff D stated he/she was on duty 9/8/20. Staff D stated he/s saw Resident #1 in bed during 8:00 p.m. rounds sounded asleep so Staff D did not wake the resident for toileting. Staff D stated during the 10:00 p.m. rounds, he/she found Resident #1 of the floor in the doorway between the bedroom and bathroom. Resident #1's walker was next thim/her so Staff D assumed the resident had used it to walk to the bathroom. Staff D stated he/she called the nurse on duty who came to assess Resident #1 and then called the ambulant Staff D stated no one had given him/her any information on the needs of Resident #1. If he/sh had known Resident #1 needed assistance in ambulating he/she would have awakened the resident and walked him/her to the bathroom. Staff D stated the care plans were kept locked in the medication room. Staff D stated he/she never saw a care plan or needs assessment for Resident #1.						
	medication technician would stated he/she took the initiat ask about care needed. The Care aides were not allowed new resident needed if he/sl	1/20, JJ stated when a new resident is admitted I inform resident and/or family what care the resident to talk to the medication technicians, reside care plans were kept in the charts locked in the to look in the charts. JJ stated he/she would red did not take the initiative to ask the medicated he/she was not on duty when Resident #1 was	sident needed. JJ ents and families to e medication room. not know what care a on technician,				
	admitted to the MCU. Staff E walker and needed stand by would understand to keep ar	20, Staff B stated he/she was on duty 9/5/20 w B stated he/she told Staff D that Resident #1 war assist with ambulation. Staff B stated he/she and eye on a new resident. Staff B stated that apprevious facility and had success in its use. Staff	alked with a rolling assumed the caregive parently Resident #1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	(X3) DATE SURVEY COMPLETED
	ALC000603	B. WING	10/02/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
SAVANNAH COMMONS		1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(X4) ID PREFIX TAG	( R	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)	
	not know at the time that the	e call bell system in the MCU did not work.	
			r.



Brian P. Kemp, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

March 19, 2020

Parsant Desai, Administrator Savannah Commons 1 Peachtree Drive Savannah, GA 31419

Dear Mr. Desai:

IMPORTANT NOTICE, PLEASE READ: Any new rule and/or rule changes are available on the Department of Community Health (DCH) website at www.dch.georgia.gov. Select Healthcare Facility Regulation, then Laws and Regulations, and then Assisted Living Communities (25 or more residents). Please check the DCH website periodically for updates, information, and training opportunities.

## **Report of Most Recent Survey**

On March 4, 2020, staff from the Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program, conducted a survey of Savannah Commons, located at 1 Peachtree Drive, Savannah, Georgia. Based on the survey findings, four violations of the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, were cited. Attached is a copy of the Survey Report. Please note that the survey findings are subject to supervisory review. Any violations cited may be deleted, corrected and/or additional violations cited based on that review. Any revisions of the survey report will be sent under separate cover.

#### Notice to Correct Violations / Enforcement Action

Pursuant to the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, and the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

#### Posting of the Inspection Report and Plan of Correction (POC)

A copy of this inspection report and plan of correction, if required, must be displayed in the assisted living community in a location that is routinely used by the community to communicate information to residents and visitors. The POC should not be sent to the Department.

Mr. Desai March 19, 2020 Page 2

To be acceptable, the POC must:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- · Identify the dates corrections have or will be completed; and
- Specify how the residence will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be no later than thirty (30) days from the date of the survey.

# **Statement of Disagreement**

If the administrator/on-site manager disagrees with any of the deficiencies cited in this report, he/she may send a written statement of disagreement to the Regional Director to be reviewed. This must be submitted within ten (10) days of receipt of this letter and must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results.

If you have any questions or if we may be of assistance, please do not hesitate to call or write us.

Sincerely,

Irene Hubbard, Regional Director Personal Care Home Program Healthcare Facility Regulation Division

Attachment

CC:

Facility File

State of GA, Healthcare Facility Regulation Division

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
e <sup>d</sup>						
		ALC000603	B. WING		03/0	04/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
		1 PEACHT	REE DRIVE			
SAVANNA	AH COMMONS	SAVANNAI	H, GA 31419			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
L 000	Initial Comments.		L 000		_	
	compliance inspection #GA00202842 and G/	de 3/3/20 and 3/4/20 and				
	the investigation was	completed 3/4/20.				
L 925 SS=D	111-8-6309(12) Crim Checks- Employees	inal History Background	L 925			
)	living community, the	Prior to serving as an a director of an assisted community must obtain a neck determination for the compliance with the \$ 31-7-250 et seq. or				
	the community failed to check determination in	review and staff interview, o obtain a criminal records o compliance with the 31-7-250- et seq. for 1 of 5		Đ		×
	A review 3/3/20 of staf 8/19/19, had no docum records check determine					
	During an interview on B stated Staff E had no records check.	3/4/20 at 10:00 a.m. Staff ot had a local criminal				
	111-8-6320(3) Comm Medications.	unity Administration of	L2010			

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

TITLE

(X6) DATE

State of GA, Healthcare Facility Regulation Division (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 03/04/2020 ALC000603 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE **SAVANNAH COMMONS** SAVANNAH, GA 31419 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L2010 L2010 | Continued From page 1 Community Administration of Medications. Where the residents either are not capable of self-administration of medications or choose not to self-administer medications with assistance or supervision, the assisted living community must provide medication administration services to the residents in accordance with physicians' orders, the needs of the residents and these rules. This RULE is not met as evidenced by: \*\*\*\*>>>Based on observation and record review, the facility's staff failed to follow the written doctor's order for 1 of 5 sampled residents (Resident #2). Findings include: A review of the file for Resident #2 on 3/4/20 showed, admitted, 1/22/20 with diagnoses of diabetes and hypertension. A review of the 2/2020 Medication Assistance Record showed Resident #2 was to receive Humalog 10 units before or after each meal and adjust the dose to sliding scale. The prescribed sliding scale was as follows: 61-200 0 units 201-250 4 units 251-300 6 units 301-350 8 units 351-400 10 units 401-800 10 units Call physician if less than 60 or more than 800. Resident #2's 2/2020 blood sugar log showed on 2/10/10 at 4:30 p.m. blood sugar was 547 and 8 units of Humalog was given. According to the sliding scale 10 units should have been given.

State of GA Inspection Report

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State of GA, Healthcare Facility Regulation Division

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		ALC000603	B. WING		03/	03/04/2020	
	ROVIDER OR SUPPLIER	1 PEACH	DDRESS, CITY, STA	TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
L2010		2 n 3/4/20 at 11:30 a.m., Staff Resident #2 the wrong	L2010				
L3002 SS=D	The serious incidents Department include th	nanticipated death not natural course of the	L3002				
	the facility failed to ensaccidental/unanticipate the Department within	review and staff interview,			n .		
	resident was found uni was begun and 911 wa spouse, they lived toge Resident #1 was prono	dated 2/10/20 , showed the responsive by staff . CPR as called. Resident #1's ether, was present.					
	documentation this una reported by the facility.	3/4/20 at 11:00 a.m. Staff					

State of GA Inspection Report

YV8T11

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ C ALC000603 B. WING 03/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE **SAVANNAH COMMONS** SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) B 504 111-8-12-.05(1)(d) Records Check Application B 504 SS=D A records check application shall be required: (d) For each direct access employee, upon application for employment or prior to placement in the position; This RULE is not met as evidenced by: >>>Based on record review and interview, the facility failed to ensure direct care staff hired after October 1, 2019 had the required criminal background check upon employment or prior to placement in the position for 2 of 5 sampled staff (Staff C and Staff D). Findings include: A review of the staff files on 3/3/20 showed Staff C, hired 12/16/19 and Staff D, hired 11/25/19, had no documentation of a criminal background check upon employment. During an interview on 3/4/20 at 10:30 a.m. Staff A stated Staff C and Staff D had not had criminal background checks done.

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING ALC000603 03/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE **SAVANNAH COMMONS** SAVANNAH, GA 31419 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) B 504 111-8-12-.05(1)(d) Records Check Application. B 504 SS=D A records check application shall be required: (d) For each direct access employee, upon application for employment or prior to placement in the position; This RULE is not met as evidenced by: >>>Based on record review and interview, the facility failed to ensure direct care staff hired after October 1, 2019 had the required criminal background check upon employment or prior to placement in the position for 2 of 5 sampled staff (Staff C and Staff D ). Findings include: A review of the staff files on 3/3/20 showed Staff C, hired 12/16/19 and Staff D, hired 11/25/19, had no documentation of a criminal background check upon employment. During an interview on 3/4/20 at 10:30 a.m. Staff A stated Staff C and Staff D had not had criminal background checks done. State of GA Inspection Report

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