

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2025
NAME OF PROVIDER OR SUPPLIER Chestnut Ridge Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 125 Samaritan Drive Cumming, GA 30040	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47146</p> <p>Based on observations, staff interviews, record review, review of the facility's policy titled Maintenance Service, and review of documents titled [Name of supply company] TELS (The Equipment Lifecycle System), the facility failed to provide a safe, clean, comfortable, homelike environment related to dirty filters in the Packaged Terminal Air Conditioner (PTAC) units, walls in disrepair and missing paint, missing chair rail, and missing/falling ceiling tiles for nine resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]) on three of four halls (B,C, and D halls) and falling ceiling tiles the kitchen. The deficient practice had the potential to place the residents at risk for accidents and hazards and diminished quality of life. The facility's census was 135.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Maintenance Service revealed, the Policy Statement was Maintenance service shall be provided to all areas of the building, grounds, and equipment. The section titled Policy Interpretation and Implementation revealed under number two Functions of maintenance personnel include but are not limited to:</p> <p>b. Maintaining the building in good repair and free from hazards and</p> <p>d. maintaining the heat/cooling system .</p> <p>Review of the document titled [Name of supply company] TELS under the section titled Recommended Schedule revealed, the cleaning schedule for the PTAC filter was every three months.</p> <p>Review of the TELS task titled Inspect exhaust fans for proper operation and clean if necessary revealed, that the vents are to be clean using a vacuum and air compressor, when needed to remove all dust. Staff are to ensure that air flow is sufficient to hold a piece of paper to the vent when operating.</p> <p>1. Review of the maintenance Logbook Documentation revealed, that the PTAC clean air filters were marked as done on September 30, 2024, October 31, 2024, November 29, 2024, and December 26, 2024.</p> <p>Observations conducted on 1/31/2025 on the C-Hall revealed:</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115423	Facility ID: 115423 If continuation sheet Page 1 of 14

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 8:53 am in room [ROOM NUMBER] the PTAC filters were covered in a gray fuzzy substance.</p> <p>At 9:31 am in room [ROOM NUMBER] the PTAC filters were covered in a gray fuzzy substance.</p> <p>At 9:50 am in room [ROOM NUMBER] the PTAC filters were covered in a gray fuzzy substance. The wallpaper behind the headboards of all three beds were peeling away from the wall, and the chair rail behind bed C was missing.</p> <p>At 10:46 am in room [ROOM NUMBER] the PTAC filters were covered with a thick fuzzy.</p> <p>Observations conducted on 2/2/2025 on the C-Hall revealed:</p> <p>At 8:57 am in room [ROOM NUMBER] the PTAC filters were covered with a gray fuzzy substance.</p> <p>At 9:04 am in room [ROOM NUMBER] the PTAC filters were covered with a gray fuzzy substance.</p> <p>At 9:05 am in room [ROOM NUMBER] the wall paper behind bed A and C was peeling away from the wall, the chair rail was missing behind bed C, and PTAC filters were covered with a gray, fuzzy substance.</p> <p>At 9:07 am in room [ROOM NUMBER] the PTAC filters were covered with a thick, gray, fuzzy substance.</p> <p>Observations on 2/2/2025 at 9:47 am rounds made with the Corporate Maintenance Director and the Administrator in Absence (AIA), FF revealed,</p> <p>room [ROOM NUMBER] - PTAC filters were covered with were covered with a thick gray substance.</p> <p>room [ROOM NUMBER] - PTAC filters were covered with a fuzzy gray substance.</p> <p>room [ROOM NUMBER] - PTAC filters were covered with a layer of fuzzy gray substance, the wallpaper behind bed A and C was not attached to the wall, and the chair rail was missing behind bed C.</p> <p>room [ROOM NUMBER] - PTAC filters were covered with a thick gray fuzzy substance.</p> <p>Interview on 2/2/2025 at 9:47 am with the Corporate Maintenance Director and AIA, FF, both confirmed and verified all observations made of rooms 40, 44, 45, and 48. The Corporate Maintenance Director revealed his expectation was that the PTAC filters would be cleaned monthly and documented on the checklist found in the TELs system and the expectation was that the building would be maintained in good repair in a timely manner, he stated wall paper should not be left peeling away from the wall and the missing chair rail should be repaired.</p> <p>46579</p> <p>2. Observations conducted on 1/31/2025 on the B Hall revealed:</p> <p>At 10:37 am in room [ROOM NUMBER] the front of the PTAC was falling off and was missing paint noted behind the C-bed. There was missing paint and part of baseboard also falling off of the wall, next to the window. In the shared bathroom of 27 and 29, there was a missing ceiling tile noted, and a greyish substance on the vent cover.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>At 11:24 am in room [ROOM NUMBER] both PTAC filters were covered with a grayish substance. The wall around the PTAC was white, as if it was repaired and did not match the color of the bedroom wall.</p> <p>At 11:39 am in the shared bathroom for 31 and 33 there were gaps in two of the ceiling tiles and the vent cover was noted to have a greyish substance on it.</p> <p>At 11:45 am in room [ROOM NUMBER] the area of the wall, that was white, appeared to have been repaired, did not match the room wall paint color</p> <p>Observations conducted on 2/1/2025 on the D Hall and the kitchen revealed:</p> <p>At 8:33 am in room [ROOM NUMBER] the ceiling tile was hanging down.</p> <p>At 12:10 pm in the kitchen three ceiling tiles in kitchen were falling or had gaps.</p> <p>Observations conducted on 2/2/2025 at 2:54 pm with the Regional Maintenance Director, Housekeeping and AIA, FF the following concerns were confirmed and verified all of the findings for B and D Halls and the Kitchen.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46691</p> <p>Based on staff interviews, record review, and review of the facility's policy titled Resident Assessment-Coordination with PASARR (Preadmission Screening and Resident Review) Program, the facility failed to ensure one of one resident (R) (R99) reviewed with a serious mental disorder was referred for a Level II PASARR assessment on admission or within 30 days of a new diagnosis. This deficient practice had the potential to affect the appropriate level of care and services provided for R99.</p> <p>Findings include:</p> <p>A review of the facility's undated policy titled Resident Assessment-Coordination with PASARR Program revealed the Policy was The center coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receive care and services in the most integrated setting appropriate to their needs. The Policy explanation and Implementation section included . 8. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review.</p> <p>A review of the Electronic Medical Record (EMR) revealed R99 was admitted to the facility on [DATE] with diagnoses including, but not limited to, Post Traumatic Stress Disorder (PTSD), depression, and anxiety.</p> <p>A review of the Admission Minimum Data Set (MDS) dated [DATE] revealed, Section A (Identification Information) documented the resident was not currently considered by the State Level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Section I (Active Diagnoses) documented PTSD, depression, and anxiety.</p> <p>A review of the EMR revealed a PASRR Level I request dated 12/20/2022 without PTSD, depression, or anxiety marked on the form. A further review revealed no re-submission for a PASARR Level I after R34 was admitted to the facility and no PASARR Level II.</p> <p>In an interview on 2/1/2025 at 11:30 am, the Social Services Director (SSD) stated when a resident was admitted to the facility, the PASRR Level I had been submitted by the referring hospital, the results went to the facility's central admissions office, and then to the facility to be scanned into the medical record. She stated she was unsure who was responsible for ensuring the diagnoses on the PASSR Level I were accurate when a resident was admitted to the facility or for re-submission for a PASRR evaluation.</p> <p>In an interview on 2/1/2025 at 11:50 am, the Director of Nursing (DON) verified there was no PASSR Level II for R99. She further verified that R99's PASRR Level I, dated 12/20/2025, did not contain the resident's diagnoses of PTSD, depression, and anxiety. She stated she was unsure who was responsible for ensuring the diagnoses on the PASSR Level I were accurate upon admission to the facility. She further stated the diagnoses on the PASSR Level I submission should be accurate in order to ensure the resident's needs are met.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Care Plan, Comprehensive Person Centered, the facility failed to develop and implement care plans for four of 42 (R) (R84, R50, R20, and R90) sampled residents. The deficient practices had the potential to place the residents at risk for medical complications, unmet needs, and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Plan, Comprehensive Person Centered with a revision date of September 2023 revealed under Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>1. Review of the physician orders revealed that R84 was to receive but was not limited to docusate sodium (a stool softener), and acetaminophen.</p> <p>Review of the nurse's progress notes revealed that on more than one occasion between the dates of 1/18/2025 and 1/31/2025, the resident refused medications that included Colace (docusate sodium- a stool softener).</p> <p>Review of the care plan revealed no mention of R84 refusing medications as a behavior on the care plan.</p> <p>Interview on 2/2/2025 at 10:30 am with Licensed Practical Nurse /Unit Manager (LPN/UM) HH revealed that R84 does refuse medication. She stated that if she refused regularly, then the nurse should be documenting and then they should let the providers know. She then stated that it should then be care planned as a behavior, if it was something that continued.</p> <p>Interview on 2/2/2025 at 10:40 am with Minimum Data Set (MDS) LPN JJ and MDS LPN KK, they verified that if the resident refused medications, especially if it occurred more often, then it would need to be addressed and added to the care plan as a behavior. They were to be notified if it was documented, and it would be changed during the clinical meetings. It was verified that it was not on the care plan.</p> <p>Interview on 2/2/2025 at 11:18 am with the Director of Nursing (DON), she revealed that it was her expectation that if a resident refused medications, the resident representative and the medical provider would be notified of the behavior. When the medical provider was notified, they could make the decision to place the medication on hold or be discontinued. She then stated that it would need to be documented in a progress note and then care planned as a behavior. We would also need to try and find out the reason for refusing the medication.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>2. Observation on 1/31/2025 at 11:02 am, R50 was observed laying in her bed. She had facial hair on the right side of her chin. The surveyor asked her if she had asked staff to help her with it, and she stated that she has, and no one would come in and help her.</p> <p>On 2/1/2025 at 9:15 am, R50 was observed laying in the bed with her eyes closed. She was still noted to have facial hair on the right side of her chin.</p> <p>Review of the care plan for R50 revealed that she had an ADL (activities of daily living) deficit and cognitive deficit, having trouble in performing tasks of daily living such as dressing, bathing, toileting, and bed mobility. There were no interventions added for personal hygiene.</p> <p>Interview on 2/2/2025 at 10:30 am with Licensed Practical Nurse /Unit Manager HH, she stated that if a female resident had facial hair, that it needed to be taken care of. If it was refused, then it needed to be documented. If a resident refused care frequently, then it would need to be documented, responsible party notified, and care planned as a behavior.</p> <p>Interview on 2/2/2025 at 11:32 am with the DON, she stated that if something needed to be added to the care plan that it should be added to the task list, so that it was a reminder for them to do it.</p> <p>38988</p> <p>3. Review of the resident's admission MDS assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was coded as 14, which indicated no cognitive impairment. Section GG revealed that the resident was assessed for moderate assistance for dressing and personal hygiene.</p> <p>Review of the care plan for R20, dated 1/9/2025, revealed resident has self-care deficit experiencing difficulty in performing tasks of ADLs. Interventions to care include assist with dressing/undressing as needed, 1-2-person assistance with transfers and use consistent routines and allow adequate time to complete tasks.</p> <p>Observation on 1/31/2025 at 9:54 am, R20 was dressed and sitting up in her bed. Her hair appeared to be oily and disheveled. She stated at this time that she had not received any type of bath since she was admitted to the facility.</p> <p>Observations on 2/1/2025 at 8:47 am and 5:03 pm and 2/2/2025 at 9:20 am, R20's hair remained oily and fingernails on both hands were long with brown dirty substance underneath the nails.</p> <p>4. A review of the clinical record for R90 revealed he was admitted to the facility on [DATE] with diagnoses including infection of amputated right stump, peripheral vascular disease (PVD), diabetes, HTN, dementia, anxiety, and depression.</p> <p>Review of the R90's annual MDS assessment dated [DATE], revealed BIMS was coded as 13, which indicated no cognitive impairment. Section GG revealed that the resident requires maximum assistance for ADL's.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan for R90, dated 4/9/2024, revealed resident has ADL deficit/self-care deficit related to muscle weakness, acute illness, musculoskeletal problems, impaired cognition, and cardiovascular problem. Interventions to care include assist with dressing/undressing as needed, 1-2-person assistance with transfers.</p> <p>Observation on 2/1/2025 at 9:55 am, R90 lying in bed awake. His fingernails are long and dirty. He stated at this time that he would like for someone to cut them for him.</p> <p>Observation on 2/1/2025 at 4:57 pm, revealed R90 sitting in wheelchair at bedside awaiting dinner to be served. Fingernails remain dirty and long.</p> <p>Observation on 2/2/2025 at 9:08 am, R90 lying in bed. Fingernails remain dirty.</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38988</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled Activities of Daily Living (ADLs), the facility failed to ensure ADL care was provided for three of 42 sampled residents (R) (R20, R90, and R50) related to showers, nail care, and shaving of facial hair. This failure placed R20, R90, and R50 at risk for unmet needs and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Activities of Daily Living (ADLs) revealed the Policy Statement included, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. The Policy Interpretation and Implementation section included . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) . d. Dining (meals and snacks).</p> <p>1. A review of the clinical record for R20 revealed that the resident was admitted to the facility on [DATE] with diagnoses including skin infection, diabetes, hypertension (HTN), hyperlipidemia, stage 4 kidney disease, coronary artery disease (CAD), and asthma.</p> <p>Review of the resident's Admission Minimum Data Set (MDS) assessment, dated 1/9/2025, revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 14 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented the resident required substantial/maximal assistance with shower/bath and partial/moderate assistance with personal hygiene.</p> <p>Review of the undated document provided by the facility titled Shower Sheet: Shift 3:00 pm - 11:00 pm indicated that R20 was to receive showers on Monday and Thursday on the 3:00 - 11:00 pm shift.</p> <p>Observation on 1/31/2025 at 9:54 am revealed R20 was dressed and sitting up in her bed. Her hair appeared to be oily and disheveled. During an interview with R20, she stated she had not received any type of bath since she was admitted to the facility.</p> <p>Observation on 2/1/2025 at 8:47 am and 5:03 pm and 2/2/2025 at 9:20 am revealed that R20's hair remained oily, and her fingernails on both hands were long with a brown substance underneath the nails.</p> <p>In an interview on 2/1/2025 at 8:47 am, R20 stated she hadn't had a bath in three weeks. She stated she could bathe herself if someone would set her up with a bucket of water and some soap. She stated the first shift was just too busy to give her a bath, and the second shift was unhelpful when you asked them for anything.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 2/2/2025 at 11:12 am, Certified Nursing Assistant (CNA) AA stated that residents were bathed/showered two times per week, and nail care should be done with every bath/shower. She further stated that she asked the residents about washing their hair because some residents get their hair done at the beauty shop.</p> <p>2. A review of the clinical record for R90 revealed diagnoses including infection of amputated right stump, peripheral vascular disease (PVD), diabetes, HTN, dementia, anxiety, and depression.</p> <p>Review of R90's Annual MDS assessment, dated 12/12/2024, revealed section C (Cognitive Patterns) documented a BIMS of 13 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented the resident requires substantial/maximal assistance for personal hygiene.</p> <p>Observation on 2/1/2025 at 9:55 am revealed R90 lying in bed. Further observation revealed his fingernails were long and dirty. In an interview, R90 stated he would like someone to cut his fingernails.</p> <p>Observation on 2/1/2025 at 4:57 pm revealed R90 sitting in a wheelchair at his bedside, waiting for his dinner to be served. Observation revealed his fingernails remain dirty and long.</p> <p>Observation on 2/2/2025 at 9:08 am revealed R90's fingernails remained dirty.</p> <p>In an interview on 2/2/2025 at 2:00 pm, Licensed Practical Nurse (LPN) Unit Manager (UM) HH stated that nail care should be performed on the days the residents were scheduled for showers and as needed.</p> <p>In an interview on 2/2/2025 at 2:26 pm, CNA CC stated that residents are not allowed to self-bath with a basin of water. She stated they either received a bed bath or shower. She stated that residents could get a bath when they requested. She stated she had not noticed R20's fingernails were long and dirty. She confirmed that R20's nails were dirty and stated she would ask the next shift to assist her with a bath.</p> <p>46579</p> <p>3. Review of R50's EMR revealed diagnoses including chronic obstructive pulmonary disease (COPD), dementia, and anxiety.</p> <p>Review of the Quarterly MDS, dated [DATE], revealed section C (Cognitive Patterns) documented a BIMS of 8 (indicating moderate cognitive impairment). Section GG (Functional Abilities and Goals) documented that R50 required partial/moderate assistance for personal hygiene.</p> <p>Observation on 1/31/2025 at 11:02 am revealed R50 had facial hair on the right side of her chin. She stated she had asked staff to help her remove it, and no one would help her.</p> <p>Observation on 2/1/2025 at 9:15 am revealed R50 with continued facial hair on the right side of her chin.</p> <p>In an interview on 2/2/2025 at 10:39 am, CNA LL stated R50 had never refused to ADL care with her.</p> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>38988</p> <p>Based on staff interviews, record review, and review of the facility's policy titled Competency of Nursing Staff, the facility failed to conduct annual performance reviews to ensure competency for the Certified Nursing Assistants (CNAs) employed by the facility. The census was 135.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled Competency of Nursing Staff revealed the Policy Statement: Licensed nurses and nursing assistants employed by the facility will participate in facility-specific, competency - based staff development and training program and demonstrate competencies and skill sets necessary to care for the needs of residents, as identified through resident assessments and described in the plan of care. Policy Interpretation and Implementation: Number 5. Facility and resident specific competency evaluations will be conducted upon hire, annually, and as deemed necessary. Number 7. Competency demonstrations will be evaluated based on staff members ability to use and integrate knowledge and skills obtained in training, which will be evaluated by staff already deemed competent in that skill or knowledge. Number 8. Inquiries concerning staff competency evaluations should be referred to the Director of Nursing Services or the Personnel Director.</p> <p>Review of the facility's Staff Development Review dated 8/23/2024 completed by [name of auditor] revealed 17 Certified Nurses Aides on staff at the facility.</p> <p>Review of the Certified Nursing Assistant (CNA) training hours revealed that the sampled selection of CNA's (CNA LL, CNA MM, CNA NN) met the State in-service requirements for the year. However, when asked for the yearly competency evaluations for the sampled CNA's, the facility was unable to provide the documents requested.</p> <p>Review of the Job Description and Performance Evaluation provided by the facility for CNA MM, revealed she was hired on 6/15/2004 and the evaluation was dated 6/15/2005. There were no other evaluations provided for CNA MM.</p> <p>There was no evidence that performance evaluations were completed since for CNA LL with hire date of 6/17/2018 and CNA NN with hire date of 6/19/2017.</p> <p>Interview on 2/2/2025 at 2:19 pm, Director of Human Resources and Payroll stated that in the four years that she has been employed at the facility, there have not been any competency evaluations completed on any of the CNA's.</p> <p>During Further interview, she stated that the completion of the yearly competency evaluations is the responsibility of the Director of Nursing (DON).</p> <p>Interview on 2/2/2025 at 2:22 pm, with Regional Nurse Consultant (RNC) BB, stated the facility has had high turnover rates for the DON position, and stated that the other healthcare facilities in the area make it hard to keep a DON. She stated the current DON is new to the position, and the facility would work on completing competency evaluations for the nursing staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2025
NAME OF PROVIDER OR SUPPLIER Chestnut Ridge Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 125 Samaritan Drive Cumming, GA 30040	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Food and Nutrition Services, and review of the facility document titled [Name of supply company] TELS (The Equipment Lifecycle System) Ice Machines Preventative Maintenance, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure foods were not left open to air, label and date opened and unopened foods in addition to, serving cold fruit at 68 degrees Fahrenheit (F). Also, the facility failed to ensure that one of two ice machines was clean and sanitary as evidenced by one ice machine had discoloration on the inside middle part of the machine. This deficient practice had the potential to cause a diminished quality of life for 132 out of 135 residents receiving an oral diet.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Food and Nutrition Services revealed, that foods that are left without a source of heat for hot foods or refrigeration for cold foods longer than (2) two hours will be discarded.</p> <p>Review of the facility document titled [Name of supply company] TELS: Ice Machines Preventative Maintenance under the section titled Sanitize Interior revealed, 1. Sanitize interior of ice machine per manufacturer's instructions. 2. Clean out and sanitize the ice bin.</p> <p>1. Observation on 1/31/2025 at 8:15 am during the initial tour of the kitchen revealed, the following:</p> <ul style="list-style-type: none"> -An open bag of breaded chicken patties in the walk-in freezer with no open date that was left open to air. -An open box of sweet potato pie with no open or discard date and that was left open to air. -A container of peaches in the walk-in cooler covered with saran wrap with a date of 1/30/2025. -A metal container of cole slaw covered with saran wrap dated 1/28/2025 - 1/30/2025. -Two bags of cheese (one Parmesan and one cheddar) were not labeled without a receive or discard date. -Five packages of sliced cheese were not labeled without a received or discard date. -Ground pepper, granulated onion, chicken seasoning, cinnamon, [name] seasoning salt, and Parsley flakes, were opened, and were not labeled with an open date. <p>Observation and interview on 1/31/2025 at 8:45am during the follow up tour of the kitchen with [NAME] II confirmed the following:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Chestnut Ridge Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 125 Samaritan Drive Cumming, GA 30040	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-An open bag of breaded chicken patties in the walk-in freezer with no open date that was left open to air.</p> <p>-An open box of sweet potato pie with no open or discard date and that was left open to air.</p> <p>Cook II stated, I didn't even know anything about that.</p> <p>-A metal container of cole slaw covered with saran wrap dated 1/28/2025 - 1/30/2025.</p> <p>Cook II stated, I was supposed to get rid of that yesterday, when I did the dishes, and I forgot to pull it out.</p> <p>-A container of peaches in the walk-in cooler covered with saran wrap with a date of 1/30/2025. [NAME] II stated, I will take care of that.</p> <p>- Two bags of cheese (one Parmesan and one cheddar) were not labeled without a receive or discard date and five packages of sliced cheese were not labeled without a received or discard date. [NAME] II, verified that they were not labeled.</p> <p>-Ground pepper, granulated onion, chicken seasoning, cinnamon, [name] seasoning salt, and Parsley flakes, were opened, and were not labeled with an open date. [NAME] II stated, I just opened and used them today. I didn't have time to label them.</p> <p>2. Observation on 2/1/2025 at 12:10 pm in the kitchen of the mid-day meal preparation revealed, [NAME] II was observed preparing pureed food. Before serving the meal trays, the food temperatures were collected which revealed, the apples topped with cinnamon temperature was 68 degrees F. The fruit was then pre-served in bowls, covered with saran wrap, and placed on a metal tray.</p> <p>Interview on 2/1/2025 at 12:13 pm revealed, [NAME] II was asked if the fruit was to be served at that temperature. She stated, no it is not.</p> <p>Interview on 2/1/2025 at 2:05 pm revealed, The Regional Dietary Manager was asked if the fruit was served at the correct temperature of 68 degrees F and he stated, probably not.</p> <p>3. Observation on 1/31/2025 at 8:21 am during the initial tour of the facility's kitchen revealed, that the kitchen ice machine had discoloration on the inside middle part of the ice machine.</p> <p>Observation and Interview on 1/31/2025 at 8:25 am of the ice machine with [NAME] II confirmed the inside middle part of the ice machine had discoloration. [NAME] II stated, it was the responsibility of the Maintenance department to clean it.</p>		

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NAME OF PROVIDER OR SUPPLIER Chestnut Ridge Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 125 Samaritan Drive Cumming, GA 30040	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Dispose of garbage and refuse properly.</p> <p>46579</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Food-Related Garbage and Refuse Disposal, the facility failed to ensure that the area around the dumpster was free from garbage and refuse. This deficient practice had the potential to attract pest. The facility census was 135.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food-Related Garbage and Refuse Disposal with a revision date of October 2017, revealed that garbage and refuse containing food wastes will be stored in a manner that is inaccessible to pets. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p> <p>Observation on 1/31/2025 at 8:30am during the initial tour of the kitchen with [NAME] II revealed, that the area around the dumpster contained garbage and refuse on the ground.</p> <p>Interview on 1/31/2025 at 8:40 am with [NAME] II revealed, that when the dumpster got too full, they must open the lid, so that they could make more room for garbage. [NAME] II revealed that when the lids were open, the wind would blow garbage out of the dumpster onto the ground behind it.</p> <p>Observation on 1/31/2025 at 11:05 am revealed, staff cleaning the garbage and refuse from the area around the dumpster that contained garbage and refuse on the ground.</p> <p>Observation on 1/31/2025 at 1:25 pm with the Registered Dietitian and the Regional Nurse Consultant revealed, the garbage and refuse had been picked up and the area was noted to be clean.</p>		