STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIES MANOR LAKE GAINESVILLE	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALCO00588	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2900 MCEVER ROAD GAINESVILLE, GA 30504	(X3) DATE SURVEY COMPLETED 01/10/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}		sit was to investigate intake GA0021883 as completed on 1/10/22. An onsite visit	
{L 1505} SS= D	physical examination condu assistant dated within 30 da (Resident #3). Findings inc A review of the resident file a physical examination dat	for Resident #3, admitted on 1/272020, ted within 30 days prior to the date of adm 22/21 around 3:05 p.m., Staff A and Staff	ctitioner or physician's f 4 sampled residents showed no documentation of mission.
{L 2600} SS= D	surrogate, if any, in the cas adjustment. The assisted li	ew and interview, the facility failed to noting the of an accident or sudden adverse char wing community failed to retain a record of munity's response in the resident's files.	nge in a resident's condition or of all such adverse changes

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	A review of the facility charting notes showed documentation that on 8/9/21 around 9:45 p.m., Resident #3 was observed on the floor of his/her apartment with a small skin tear to the left elbow. The charting notes did not indicate whether or not the facility took any actions to address the needs of Resident #3 and whether or not Resident #3's representative was notified of the incident. A review of an Incident Detail Report obtained from county 911 records showed that on 8/9/21 around 10:00 p.m. the fire department responded to a call for a lift assist in the memory care unit for a resident weighing over 200 pounds. A review of Universal Incident/Occurrence Reports from 8/1/21 through 11/22/21 showed missing or incomplete information documented on reporting form: On 8/2/21, Resident #1 had an unwitnessed fall, no apparent injury; No EMS; no notification to family or physician (family notified in chart notes). On 11/4/21, Resident #9 had a witnessed fall with bruise, cut, bleeding; No EMS; No notification of family or physician.			
	On11/7/21, Resident #8 had an unwitnessed fall with injury, yelling in pain; EMS transport and resident hospitalized; No notification family or physician (notified family in notes, but no date/time). On 11/7/21, Resident #2 had a witnessed fall with injury to face requiring sutures; EMS transport No notification to family or physician. On 11/15/21, Resident #7 had an unwitnessed fall with injury and pain to ribs; No EMS; No notification to family or physician. On 11/15/21, Resident #6 had a witnessed fall with injury with pain in knee and shoulder; No EMS; No notification to family or physician.			
	On 11/17/21, Resident #5 had an unwitnessed fall with no apparent injury; No EMS; No notification to family or physician.			
	Staff F stated that any chan	21 between 11:55 a.m.to 12:55 p.m., Staff B, St ige of condition in residents should be reported t duty, the Director of Resident Care (DRC), and t ed out.	to the certified	
	During interviews on 11/22/21 between 12:30 p.m. and 12:55 p.m., Staff B, Staff C, and Staff F stated an incident report should be filled out if 911 or the fire department was called for transportation or assistance.			

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	reports were not filled out c	2/21 around 3:05 p.m., Staff A stated some of the ompletely showing if family and/or physician had no incident report was available for Resident #3	l been contacted. Staff	
{L 2605} SS= D	>>>Based on record review and interviews, the facility failed to have ready access to phone numbers for emergency medical personnel and the resident's file or appropriate emergency medical and contact information for each resident for one of four sampled residents (Resident #3). Findings include:			
	A review of records for Resident #3, admitted on 1/27/2020, showed on 7/9/2021 the facility was not able to contact the resident's responsible party by telephone because the call would not go through.			
	A review of the Emergency Information/Face Sheet for Resident #3 showed the telephone number had been scratched through and a new number had been handwritten in the records. There was no date showing when the phone number was changed.			
	and was told by Staff G that Resident #3. AA stated that he/she informed the facility number needed to be updat Resident #3's condition and	9/21 around 11:15 a.m., AA stated he/she went the facility had tried to get in touch with AA regard the phone number the facility tried to call was we back in December 2020 of an updated phone nuted in Resident #3's records. AA stated he/she so the phone number. AA stated he/she was told tomputer system but not in a written record book.	arding a fall by vrong. AA stated umber and that the poke to Staff C about that the phone number	
	for Resident #3 had been c	22/21 around 1:15 p.m., Staff C stated the emerg hanged in the computer but may not have been Staff C stated the wrong telephone number for e paper chart.	printed out and	

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	ALC000588	B. WING	01/10/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>
MANOR LAKE GAINESVILLE		2900 MCEVER ROAD GAINESVILLE, GA 30504	
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	During an interview on 11/2:		ency contact updated in the