STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALCO00588	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2900 MCEVER ROAD	(X3) DATE SURVEY COMPLETED 02/21/2022
MANOR LAKE GAINESVILLE		GAINESVILLE, GA 30504	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{∟ 0000}		was to investigate #GA00221097. The ied on 2/21/2022. The onsite visit was on	
{L 1924} SS= D		, record review and interview, the facility ne registered professional nurse, license Ill times. Findings include:	
	A review of the timesheets for the med-techs who worked on 1/21/2022 showed the following: 1. Staff B worked from 4:06 p.m. 9:09 p.m. and 10:05 p.m. to 11:10 p.m. 2. Staff C worked from 3:03 p.m. 9:09 p.m. and 7:30 p.m. to 11:00 p.m. 3. Staff D worked from 3:03 p.m. 9:21 p.m. and 10:05 p.m. to 11:09 p.m. 4. Staff E worked from 7:08 a.m. 10:14 a.m. and 10:50 a.m. to 3:09 p.m. 5. Staff F worked from 6:50 a.m. 10:37 a.m. and 11:09 a.m. to 3:13 p.m. 6. Staff G worked from 5:58 a.m. 7:19 p.m. and 10:05 p.m. to 11:10 p.m.		
	1/21/2022 from 11:11 p.m. During an interview on 2/17 night shift, no med-tech was	7/2022 at 12:30 p.m., AA stated that on 7 s working in the facility. 8/2022 at 1:46 p.m.,BB stated that on 1/2	1/21/2022, during the over

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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	
	ALC000588	B. WING	02/21/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
MANOR LAKE GAINESVILLE		2900 MCEVER ROAD		
		GAINESVILLE, GA 30504		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
	During an interview on 2/21	/2022 at 2:35 p.m., Staff A stated that med-techs times they leave the unit due to illness and other	s were schedule in the reasons.	

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