

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000588	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
{B 0504} SS= D	<p>111-8-12-.05(1)(d) Records Check Application.</p> <p>A records check application shall be required:</p> <p>(d) For each direct access employee, upon application for employment or prior to placement in the position;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure that direct care staff hired after October 1, 2019 had the required criminal background check upon employment or prior to placement in the position for 1 of 4 sampled staff (Staff D). Findings include:</p> <p>A review of the file for Staff D, hired 4/26/21, showed a fingerprint clearance letter completed on 1/15/2020.</p> <p>During an interview on 5/20/2021 at 12:22 p.m., Staff A stated that Staff D was rehired as of 4/26/2021.</p> <p>An email received from Staff A on 5/21/2021 stated that Staff D left employment with the facility on 1/8/21 and then was rehired on 4/26/2021.</p> <p>During an interview on 5/21/21 at 11:11 a.m., BB stated that Staff D would be required to have another background check completed because the last one he/she had was completed on 1/15/2020 and was over a year old.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000588	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
{L 0000}	<p>>>>>The purpose of this visit was to conduct a compliance inspection and to investigate intake #GA00213617.</p> <p>The investigation started on 4/26/21, an on-site visit was made on 5/5/21, and the survey was completed on 5/21/21.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000588	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>{L 2014} SS= D</p> <p>{L 2025} SS= D</p>	<p>>>>>Based on record review and interview the facility failed to use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the aides are administering medications correctly and in compliance with these rules for 1 of 4 staff (Staff B). Findings include:</p> <p>A review of the file for Staff B, hired 4/8/19, showed a quarterly observation completed by a licensed practical nurse on 2/15/21 and 4/1/21.</p> <p>During an interview on 5/20/21 at 12:22 p.m., Staff A stated that this would be completed as required.</p> <p>>>>>Based on record review and interview the facility failed to complete comprehensive clinical skills competency reviews for each certified medication aide (CMA) utilizing the skills competency checklist at least annually, after hiring to determine that the aides continue to have the necessary skills to perform the medication tasks assigned competently for 1 of 4 staff (Staff B). Findings include:</p> <p>A review of the file for Staff B, hired 4/8/19 showed that the last annual skills checklist</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000588	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
	<p>administered by a Georgia-licensed registered nurse, pharmacist, or physician, was completed on 11/1/19.</p> <p>During an interview on 5/20/21 at 12:22 p.m., Staff A stated that this would be completed as required.</p>		