STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALC000205	A. BUILDING B. WING	09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERY PLACE	**124 AVERY STREET WINTERVILLE, GA 30683**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
{L 0000}	>>>>The purpose of this visit was to investigate intake GA00226493, GA00226887, and GA00226924.
{L 2057} SS= D	>>>>Based on record review and interview the facility failed to ensure that orders were required for all medications, including over-the-counter medications for 2 of 3 residents (Resident #2 and Resident #3). Findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALC000205	A. BUILDING B. WING	09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERY PLACE	124 AVERY STREET WINTERVILLE, GA 30683

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

A review of written staff statements between 7/20/22 and 8/11/22 showed the following:

Staff H stated that he/she saw a bottle of Melatonin and Tylenol PM in Staff D's bag when they were in the medication room.

Staff G stated that one night he/she saw Staff D take a bottle from his/her bag in the medication room so he/she asked what it was and Staff D said it was Melatonin. Staff G stated that Staff D said that he/she used the medication to help residents sleep.

Staff C stated that he/she came to work one morning a few months ago and asked Staff D what he/she was giving the residents because they were always sound asleep every morning when he/she worked after him/her. Staff C stated that Staff D reached over for his/her bag and pulled out two bottles and when asked what it was, Staff D stated that it was Melatonin and Tylenol PM.

Staff F stated that he/she was paired with Staff D upon hire, to be trained in medications on night shift from 10:00 p.m. to 6:00 a.m. Staff F stated that during the course of the training, Staff D administered over-the-counter medications to the majority of memory care residents. Staff F stated that he/she never saw any bottles that the medications came from as Staff D had made up the cups of medications prior to putting them on the cart. When asked what the medication was, Staff D said it was 5 mg of Melatonin. On the second night of training with Staff D, a bottle of Melatonin 5 mg was observed on the cart. Staff D stated that he/she also observed a bluish medication that was mixed in with the Melatonin and then administered to Resident #2 and Resident #3. Staff D stated that he/she thought it could be Tylenol PM because of the smell and the color. Staff D stated that when he/she worked on his/her own after he/she had been trained, he/she flipped through the MAR book to see if the residents were prescribed any of the OTC medications that were given, but they were not.

A review of the file for Staff D showed that he/she was terminated on 8/17/22 for medication/documentation error.

During an interview on 9/8/22 at 10:10 a.m., Staff C stated that Staff D had been terminated and no longer worked there. Staff C stated that he/she never witnessed Staff D pass medications to residents that weren't prescribed, but he/she never worked a shift with him/her. Staff C stated that there was one day when a comment was made to Staff D that the residents were always calm for him/her. Staff D replied by laughing and holding up two bottles of medications from his/her purse, which were Melatonin and Tylenol.

During an interview on 9/8/22 at 12:15 p.m., Staff B stated that after he/she completed an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALC000205	A. BUILDING B. WING	09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERY PLACE	124 AVERY STREET WINTERVILLE, GA 30683

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
	investigation, Staff B was terminated for not following policy, which was giving medications without a physician's order.