

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000017	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER BRASSTOWN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 108 CHURCH STREET HIWASSEE, GA 30546	
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{0000}	Initial Comments. >>>>The purpose of this visit was to investigate intake #GA50003888 and to conduct the compliance inspection. An onsite visit was made on 7/15/25 and the inspection was completed on 7/18/25.		
{0911} SS= D	111-8-63-.09(5) Training Hours Req During First Yr Employ. Training Hours Required During First Year of Employment. All staff offering hands-on personal services to the residents, including the administrator or on-site manager, must satisfactorily complete a total of at least twenty-four (24) hours of continuing education within the first year of employment as a direct care worker. The courses offered must be relevant to assigned job duties and include such topics as cardiopulmonary resuscitation and first aid certifications, utilizing standard precautions in working with aging residents, working with residents with Alzheimer's or other cognitive impairments, working with persons who have developmental disabilities or persons who have mental illness, providing social and recreational activities, understanding legal issues, performing necessary physical maintenance, fire safety, housekeeping activities, recognizing and reporting abuse, neglect and exploitation, preparing and serving food safely, preserving the dignity and rights of residents receiving care to make meaningful choices, providing and documenting medication assistance, or other topics as determined necessary by the Department to support compliance. This REQUIREMENT is not met as evidenced by: >>>>Based on record review and staff interviews the facility failed to ensure that staff offering hands-on personal services to the residents must satisfactorily complete a total of at least twenty-four (24) hours of continuing education within the first year of employment as a direct care worker for 1 sampled staff (Staff E). Findings include:		

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{0912} SS= D	<p>A review of the file for Staff E, hired 3/11/24, showed that he/she completed 11 hours of training for his/her first year of employment.</p> <p>During an interview on 7/18/25, Staff A and Staff C were aware that Staff E had less than 24 hours of training for the year.</p> <p>111-8-63-.09(6) Ongoing Staff Training.</p> <p>Ongoing Staff Training. Beginning with the second year of employment, staff providing hands-on personal services must have a minimum of sixteen (16) hours of job-related continuing education as referenced in paragraph 111-8-63-.09(5) above annually.</p> <p>This REQUIREMENT is not met as evidenced by: >>>>Based on record review and staff interviews the facility failed to ensure that staff providing hands-on personal services must have a minimum of sixteen (16) hours of job-related continuing education annually for 2 sampled staff (Staff C and Staff D).</p> <p>Findings include:</p>		

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<p>{0916}</p> <p>SS= D</p>	<p>A review of the files for Staff C revealed 6 hours and Staff D had 8.5 hours which revealed they completed less than 16 hours of training for the year.</p> <p>During interviews on 7/18/25, Staff A and Staff C were aware that the training hours were incomplete.</p> <p>111-8-63-.09(10) Staff Health Examinations and Screenings.</p> <p>Staff Health Examinations and Screenings. The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to providing care to the residents. The physical examination must be sufficiently comprehensive to assure that the employee is physically qualified to work and free of diseases communicable within the scope of employment. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician's assistant for each administrator or staff person to determine readiness to return to work following a significant illness or injury. Health information, screenings, assessments and medical releases regarding each staff member must be retained in a readily retrievable format by the assisted living community and made available for review and/or copying by Department representatives upon request.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and staff interviews the facility failed to ensure that each employee received a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to providing care to the residents for 2 sampled staff (Staff E and Staff F).</p> <p>Findings include:</p>		

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{0940} SS= D	<p>A review of the file for Staff E and Staff F revealed no physical exam had been completed within the 12 months prior to hire.</p> <p>During an interview on 7/18/25, Staff A and Staff C were aware that Staff E and Staff F had no physical exam on file.</p> <p>111-8-63-.09(18)(c) Staffing.</p> <p>A registered professional nurse or licensed practical nurse must be on-site to support care and oversight of the residents, as follows:</p> <ul style="list-style-type: none"> (i) For communities with one to 30 residents, a minimum of 8 hours per week; (ii) For communities with 31 to 60 residents, a minimum of 16 hours per week; (iii) For communities with 61 to 90 residents, a minimum of 24 hours per week; (iv) For communities with more than 90 residents, a minimum of 40 hours per week; <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and staff interviews the facility failed to ensure that a registered professional nurse or licensed practical nurse was on-site to support care and oversight of the residents for a minimum of 8 hours per week.</p> <p>Findings include:</p> <p>A review of the July 2025 work schedule showed no nurse.</p>		

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{1131} SS= D	<p>During an interview on 7/18/25, Staff A and Staff C stated that they do not have a nurse on staff.</p> <p>111-8-63-.11(9) Fire Safety.</p> <p>Fire Safety. The assisted living community must have an effective fire safety program for the benefit of the residents which takes into account the unique needs of the residents being served.</p> <p>This REQUIREMENT is not met as evidenced by: >>>>Based on record review and interview the facility failed to ensure that the facility had an effective fire safety program for the benefit of the residents which takes into account the unique needs of the residents being served.</p> <p>Findings include:</p> <p>A review of fire drills for 2024 showed one drill was completed on 6/19/24.</p> <p>During an interview on 7/18/25, Staff A and Staff C were aware that only one drill was completed in 2024.</p>		

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{2003} SS= D	<p>111-8-63-.20(2)(a)1-6. Assistance with Self Administration.</p> <p>[Staff assistance with or supervision of self-administered medications] may include only the following tasks:</p> <ol style="list-style-type: none"> 1. taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing the medication to the resident; 2. reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container, in the presence of the resident; 3. placing an oral dosage in the resident's hand or placing the dosage in another container where the resident requests assistance; 4. applying topical medications; 5. returning the medication container to proper secured storage; and 6. assisting the resident's use of an EPI pen where the resident has known severe allergies for which an EPI pen has been prescribed on condition that there is an established written protocol detailing how it is to be used and when. The protocol must include immediately calling Emergency Services, 911, after any use of the EPI pen. <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview the facility failed to ensure that staff who provided medication assistance took the medication in its previously dispensed, properly labeled container, from where it was stored, and brought the medication to the resident; read the label, opened the container, removed a prescribed amount of medication from the container, and closed the container in the presence of the resident; and placed the dosage in another container where the resident requested assistance for 1 resident (Resident #6).</p>		

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	<p>Findings include:</p> <p>A review of the July 2025 staff work schedule showed two caregivers on night shift from 7:00 p.m. to 7:00 a.m. with no Certified Medication Aide (CMA) scheduled to work after 7:00 p.m.</p> <p>A review of the July 2025 Medication Administration Record (MAR) for Resident #6 revealed, Tramadol 50 mg (take two by mouth as needed every 8 hours for pain). This medication was documented as given after 7:00 p.m. by CMAs, Staff C and Staff D, on the following dates and times:</p> <p>7/9/25 9:22 p.m.</p> <p>7/10/25 2:23 a.m.</p> <p>7/10/25 8:44 p.m.</p> <p>7/11/25 1:44 a.m.</p> <p>7/11/25 8:48 p.m.</p> <p>7/12/25 8:14 p.m.</p> <p>7/13/25 9:15 p.m.</p>		

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	<p>During an interview on 7/15/25 at 2:50 p.m., Staff A stated that they don't have a CMA scheduled for night shift as the last scheduled medications were scheduled for 8:00 p.m. and a CMA passed those medications prior to leaving.</p> <p>During an interview on 7/15/25 at 3:49 p.m., Resident #6 stated that he/she was prescribed Tramadol for pain. Resident #6 stated that he/she had requested it before in the middle of the night. Resident #6 stated that the night shift staff have brought it to him/her before, as it was left for them in a cup by the med tech, just in case he/she needed it.</p> <p>During an interview on 7/18/25 at 9:01 a.m., Staff C stated that he/she was a CMA but didn't work night shift. Staff C stated that he/she had left Tramadol for Resident #6 in a cup so that the night shift could give it to Resident #6 if he/she needed it.</p> <p>A review of the file for Resident #6 revealed diagnoses of diabetes, hypertension, hyperlipidemia, and mild cognitive impairment.</p> <p>{2100} 111-8-63-.21(1) Nutrition and Food Preparation. SS= D Regularly Scheduled Meals. The assisted living community must provide a minimum of three regularly scheduled well-balanced meals per day seven days a week which meet the nutritional</p>		

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	<p>needs of residents, and must provide therapeutic diets as ordered by the residents' healthcare providers for residents that require special diets. There must be no more than fourteen hours elapsing between the scheduled evening and morning meals.</p> <p>This REQUIREMENT is not met as evidenced by: >>>>Based on record review and interview the facility failed to ensure that therapeutic diets were provided as ordered by the residents' healthcare provider for 2 residents (Resident #4 and Resident #6).</p> <p>Findings include:</p> <p>A review of the resident census showed three residents on a no-concentrated sweets diet including Resident #4 and Resident #6.</p> <p>A review of the physical exam form for Resident#4 and Resident #6 showed that they were ordered to be on a no-concentrated sweets diet.</p> <p>During an interview on 7/18/25, Staff A and Staff C stated that they didn't have sugar free alternatives for desserts. They were unable to provide detail regarding how the facility offered a no-concentrated sweets diet when required.</p>		

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