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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>PCH008330</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                   | (X3) DATE SURVEY COMPLETED<br><br><b>09/29/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAYFIELD OAKS</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>143 MAYFIELD ROAD<br/>ALPHARETTA, GA 30009</b> |   |
| (X4) ID PREFIX TAG                                       | <b>SUMMARY STATEMENT OF DEFICIENCIES<br/>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br/>REGULATORY OR LSC IDENTIFYING INFORMATION)</b>  |  |   |
| {A 1503}<br>SS= D  | <p>Resident #1 were prescribed Oxycodone and the medication were altered to Aspirin 81mg.<br/>Resident #2 were prescribed Hydrocodone and the medication were altered to Tylenol.<br/>Resident #4 and Resident #5 were prescribed Methylphenidate and the medication were altered to Asprin 81 mg.</p> <p>During an interview on 9/26/23 at 2:00 p.m., Staff A and Staff B stated that Staff C were given full authorization to administer medications to all residents and due to Staff C had been employed for a long time they trusted Staff C to appropriately administer resident medications.</p> <p>Admission.</p> <p>Aging in Place Exceptions. The home may allow up to three (3) non-ambulatory residents to remain in the home to support an aging in place strategy that is in the best interests of the resident, subject to the requirements herein. These aging in place exceptions may be revoked by the Department at any time, as part of the survey process, if the facility fails to meet any of the following criteria:</p> <ul style="list-style-type: none"> <li>(i) The resident has not experienced any significant change in a physical or medical condition which would make continued placement in the facility inappropriate;</li> <li>(ii) The facility maintains responsibility for meeting resident needs for continuing care provided within the scope of services the personal care home is licensed to deliver;</li> <li>(iii) The resident remains under hospice services (if the resident was under such services at the time of the aging in place decision);</li> <li>(iv) The facility monitors its performance of fire drills to ensure that it can safely evacuate all of the residents at any time in 13 minutes or less;</li> <li>(v) The facility increases the number of documented fire drills to a minimum of one fire drill per month, covering all shifts, as long as one or more residents in the facility are non-ambulatory;</li> <li>(vi) The facility notifies the local fire department in writing within two (2) weeks of the change in the resident's status to aging in place so that there is local awareness of the presence of a non-ambulatory resident at the home;</li> <li>(vii) The facility ensures sufficient staff on all shifts to support the safe and timely evacuation of all residents in the event of an emergency; and</li> <li>(viii) The facility is in substantial compliance with the department's rules and is not subject to any pending enforcement action by the department.</li> </ul> <p>This REQUIREMENT is not met as evidenced by:</p> <p>&gt;&gt;&gt;&gt;Based on record review and interview the facility failed to document mandatory fire drills. (iv)</p> |  |   |

State of GA, Healthcare Facility Regulation Division

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|  | <p>the facility monitors its performance of fire drills to ensure that it can safely evacuate all the residents at any time in 13 minutes or less; (v) the facility increases the number of documented fire drills to a minimum of one fire drill per month, covering all shifts, as long as one or more residents in the facility are non-ambulatory; the facility ensures sufficient staff on all shifts to support the safe and timely evacuation</p> <p>During a record review on 9/26/2023 Staff A were unable to provide any documented fire drills for January 2022 through September 2022. No fire drills for April 2023, May 2023 and June 2023.</p> <p>During an exit interview on 9/26/2023 at 2:00 p.m, Staff A stated that he/she could not find documents of fire drills.</p> |  |   |