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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 119020051 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER CANNON WOOD VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2834 OLD US HIGHWAY 441 TIGER, GA 30576 | |
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| {A 0000} | <p>Opening Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50002473 and conduct the compliance inspection.</p> | | |
| {A 0801} SS= E | <p>111-8-62-.08(1) Administration.</p> <p>The home must have an administrator, who is at least 21 years of age and, meets the following requirements, as applicable:</p> <p>(a) Administrators of homes licensed for fewer than twenty-five (25) beds must have either (i) an Associate's Degree or, (ii) a G.E.D. or a high school diploma and 2 years of experience working in a licensed personal care home or other healthcare-related setting.</p> <p>(b) Administrators of homes licensed for twenty-five (25) or more beds must hold a valid license from the State Board of Long-Term Care Facility Administrators with an effective date no greater than sixty (60) days from the date of hire or July 1, 2021, whichever is later.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and interview the facility failed to ensure that the administrator of homes licensed for twenty-five (25) or more beds must hold a valid license from the State Board of Long-Term Care Facility Administrators with an effective date no greater than sixty (60) days from the date of hire or July 1, 2021, whichever is later for 1 sampled staff (Staff A). Findings include:</p> <p>A review of the file for Staff A, hired 8/21/2012, showed no administrator license.</p> <p>During an interview on 4/29/25 at 9:30 a.m., Staff A stated that he/she doesn't</p> | | |

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| {A 0902} SS= D | <p>have his/her administrator's license.</p> <p>This violation was previously cited on 7/23/24.</p> <p>111-8-62-.09(2) Workforce Qualifications and Training.</p> <p>The administrator or on-site manager must be responsible for ensuring that any person working in the home as an employee, under contract or otherwise, receives work-related training within the first sixty days of employment. ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview the facility failed to ensure that any person working in the home as an employee, under contract or otherwise, received work-related training within the first sixty days of employment for 3 sampled staff (Staff B, Staff C, and Staff E). Findings include:</p> <p>A review of the files for Staff B (hired 1/22/25), Staff C (1/20/25), and Staff E (9/16/23) showed no trainings completed to include:</p> <ul style="list-style-type: none"> resident rights recognizing abuse, neglect, and exploitation and reporting requirements evacuation procedures infection control medical and social needs and characteristics of the resident population cardiopulmonary resuscitation first aid medication training | | |

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| {A 0912} SS= E | <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated that he/she was unaware that Staff B, Staff C, and Staff E had not completed the trainings listed.</p> <p>111-8-62-.09(5) Workforce Qualifications and Training.</p> <p>All direct care staff, including the administrator or on-site manager must have at least sixteen (16) hours of training per year.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and interview the facility failed to ensure that all direct care staff, including the administrator or on-site manager, had at least sixteen (16) hours of training per year for 2 sampled staff (Staff A and Staff D). Findings include:</p> <p>A review of the file for Staff A (hired 8/21/12) and Staff D (2016) showed no training hours for 2024.</p> <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated that he/she was unable to locate the 2024 trainings.</p> <p>This violation was previously cited on 3/12/24.</p> | | |

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| {A 0933} SS= E | <p>inspection by departmental staff within one hour of request or prior to the end of the on-site survey and for three years following the employee's departure or discharge.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview the facility failed to ensure that a personnel file for each employee was maintained either in the home or available for inspection by departmental staff within one hour of request or prior to the end of the on-site survey and for three years following the employee's departure or discharge for 1 sampled staff (Staff F). Findings include:</p> <p>A review of the April 2025 work schedule showed Staff F scheduled to work second shift (3:00 p.m. to 11:00 p.m.) on Tuesday and Wednesday each week, and 7:00 p.m. to 7:00 a.m. on Saturday and Sunday.</p> <p>A review of the facility files showed no personnel file for Staff F available for review.</p> <p>During an interview on 4/29/25 at 10:58 a.m., Staff A stated that he/she couldn't locate the file for Staff F, but he/she had worked there for eight years.</p> <p>111-8-62-.09(11)(c) Workforce Qualifications And Training. [Personnel file(s)] must include all of the following: ... (c) Evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100.</p> | | |

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| {A 0936} SS= D | <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and interview the facility failed to maintain evidence of trainings, skills competency, and recertifications as required by these rules for 2 sampled staff (Staff A and Staff D). Findings include:</p> <p>A review of the file for Staff A (hired 8/21/12) showed cardiopulmonary resuscitation (CPR) and first aid certification with an expiration date of January 2021. A review of Staff D's (2016) file showed CPR and first aid certification that expired in March 2020.</p> <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated that they did not have updated CPR and first aid training.</p> <p>This violation was previously cited on 3/12/24.</p> <p>111-8-62-.09(11)(f) Workforce Qualifications And Training. [Personnel file(s)] must include all of the following: ...</p> <p>(f) Written evidence of satisfactory initial and annual work performance reviews, which can take the form of skills competency checklists, for unlicensed staff providing hands-on personal care. Where the unlicensed staff performs specialized tasks, such as health maintenance activities, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with applicable rules and accepted health and safety standards.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview the facility failed to ensure that</p> | | |

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| | <p>written evidence of satisfactory initial and annual work performance reviews, which can take the form of skills competency checklists, for unlicensed staff providing hands-on personal care. Where the unlicensed staff performs specialized tasks, such as health maintenance activities, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with applicable rules and accepted health and safety standards for 4 sampled staff (Staff A, Staff C, Staff D, and Staff F). Findings include:</p> <p>A review of the April 2025 MAR showed that Resident #3 received insulin twice daily and that Staff A, Staff C, Staff D and Staff F administered the insulin.</p> <p>A review of the file for Staff C showed no proxy caregiver training.</p> <p>A review of the file for Staff A showed the last skills checklist completed on 11/20/2020, Staff D's file showed no skills checklist, and there was no file available for Staff F to review.</p> <p>During an interview on 4/29/25 at 10:58 a.m., Staff A stated that Staff C and Staff F administered insulin to Resident #3, but they did not have proxy training. At 1:10 p.m., Staff A stated that he/she did not have an updated annual skills competency checklist for him/her or Staff D.</p> <p>During an interview on 4/29/25 at 12:35 p.m., Resident #3 stated that staff at the facility administer his/her insulin daily.</p> | | |

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| {A 1508} SS= E | <p>111-8-62-.15(3) Admission.</p> <p>The administrator or on-site manager of a home must conduct an interview with the applicant and/or representative or legal surrogate, if any, of the applicant to ascertain that the home can meet the applicant's needs. The administrator or on-site manager must obtain a report of physical examination conducted by a by a licensed physician, nurse practitioner or physician's assistant dated within 30 days prior to the date of admission using the specific report of physical examination form made available by the Department on its website to assess whether the home can meet the applicant's needs. Where a home admits a resident without the required physical examination pursuant to a specific request for an emergency placement made by a governmental agency responsible for adult protective service, local law enforcement or a case manager, the home must retain documentation of the need for the emergency placement and obtain a copy of a physical examination within 14 days following the emergency admission. The required report of physical examination form must be completed in its entirety.</p> <p>Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>Based on record review and interview the facility failed to ensure that the administrator or on-site manager obtained a report of physical examination (PE) conducted by a licensed physician, nurse practitioner or physician's assistant completed in its entirety and dated within 30 days prior to the date of admission using the specific report of physical examination form made available by the Department on its website to assess whether the home can meet the applicant's needs for 2 residents (Resident #2 and Resident #3). Findings include:</p> <p>A review of the file for Resident #2, admitted 4/17/25, showed no physical exam using the Department's form.</p> | | |

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| {A 1708} SS= E | <p>A review of the file for Resident #3, admitted March 2022, showed a PE on the Department form that was incomplete with no tuberculosis screening.</p> <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated he/she was aware of the findings.</p> <p>This violation was previously cited on 3/12/24.</p> <p>111-8-62-.17(8) Resident Needs Assessment.</p> <p>Resident Needs Assessment. The home must complete an assessment of the resident at the time of admission and update as changes occur that addresses the resident's care needs taking into account the resident's family supports, the resident's functional capacity relative to the activities of daily living, physical care needs, medical information provided, cognitive and behavioral impairments, if any, and personal preferences relative to care needs.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>> Based on record review and interview, the facility failed to ensure an assessment of the resident was completed at the time of admission to address the resident's care needs taking into account the resident's family supports, capacity relative to activities of daily living, physical care needs, medical information provided, cognitive and behavioral impairments, if any, and personal preferences relative to care needs for 3 sampled residents (Resident #1, Resident #2, and Resident #3). Findings include:</p> <p>A review of the file for Resident #1 (admitted 4/1/25), Resident #2 (4/17/25), and Resident #3 (3/25/22) showed no resident needs assessment completed at the time of admission.</p> | | |

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| {P 0401} SS= E | <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated he/she was aware of the findings.</p> <p>This violation was previously cited on 3/12/24.</p> <p>111-8-100-.04(2) Written Informed Consent.</p> <p>Written Informed Consent. No licensed facility will permit a proxy caregiver to provide health maintenance activities by or through the licensed facility unless the individual with a disability, or the legally authorized representative has executed an informed consent. ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and interview the facility failed to ensure that an informed consent was executed to permit a proxy caregiver to provide health maintenance activities for 1 sampled resident (Resident #3). Findings include:</p> <p>A review of the file for Resident #3 showed no documentation of the informed consent for proxy caregiver services.</p> <p>A review of the April 2025 medication administration record (MAR) showed Lantus insulin, take 70 units in the morning and 40 units in the evening, and was signed off by Staff A, Staff C, Staff D, and Staff F as having administered this medication.</p> <p>During an interview on 4/29/25 at 12:35 p.m., Resident #3 stated that staff</p> | | |

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| {P 0436} SS= E | <p>administered his/her insulin daily.</p> <p>During an interview on 4/29/25 at 10:58 a.m., Staff A stated that the staff administered the insulin to Resident #3. At 1:10 p.m., Staff A stated that he/she didn't have an informed consent for proxy caregiver services for Resident #3.</p> <p>This violation was previously cited on 3/12/24.</p> <p>111-8-100-.04(4)(d) Services Through Proxy Caregivers.</p> <p>Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must do the following: ...</p> <p>(d) Ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician ' s assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The licensed facility must either use the written plan of care form made available by the Department or another form containing all the required elements. ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and interview, the facility failed to ensure that a written plan of care was developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's</p> | | |

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| {P 0440} SS= E | <p>assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained for 1 sampled resident (Resident #3). Findings include:</p> <p>A review of the file for Resident #3 showed no documentation of the plan of care for proxy caregiver services.</p> <p>A review of the April 2025 medication administration record (MAR) showed Lantus insulin, take 70 units in the morning and 40 units in the evening, and was signed off by staff as having administered this medication.</p> <p>During an interview on 4/29/25 at 12:35 p.m., Resident #3 stated that staff administered his/her insulin daily.</p> <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated that he/she did not have a plan of care for proxy caregiver services for Resident #3.</p> <p>This violation was previously cited on 3/12/24.</p> <p>111-8-100-.04(4)(h) Services Through Proxy Caregivers. Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must do the following: ...</p> | | |

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| | <p>(h) Maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals. The competency-based skills checklists must reflect a testing of the knowledge and observation of the skills associated with the completion of all of the discrete tasks necessary to do the specific health maintenance activity in accordance with accepted standards of care.</p> <p>Authority O.C.G.A. §§ 31-7-2.2, 31-9-2 and 43-26-12(a)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and interview the facility failed to ensure that when the licensed facility employed proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must maintain written evidence of satisfactory performances on initial and annual skills competency determinations utilizing skills competency checklists which have either been made available by the department or developed and completed by appropriately licensed healthcare professionals for 2 sampled staff (Staff A and Staff D). Findings include:</p> <p>A review of the April 2025 MAR showed that Resident #3 received insulin twice daily and that Staff A and Staff D administered the insulin.</p> <p>A review of the file for Staff A showed the last skills checklist completed on 11/20/2020 and a review of the file for Staff D showed no skills checklist.</p> <p>During an interview on 4/29/25 at 1:10 p.m., Staff A stated that he/she didn't have an annual skills competency checklist for him/her or Staff D.</p> <p>Cross Reference: 111-8-62-.09 (F)</p> | | |

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