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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>060-R-0030</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/21/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIGHT AT HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>448 RALPH DAVID ABERNATHY SUITE 2<br/>ATLANTA, GA 30312</b> |                                                        |
| (X4) ID PREFIX TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                        |
| {L 0000}                                                 | Initial Comments.<br><br>The purpose of this visit was to conduct a periodic survey and investigate complaint #GA50001304. Rule violation was cited as a result of this inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                        |
| {L 0924}<br>SS= D                                        | 111-8-65-.09(4)(a)3. Administration and Organization.<br>The [client] file shall contain the following:<br>3. Current service plan as described at rule .11; ...<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on client record reviews and an interview with Staff A, it was determined that the provider failed to ensure a complete service plan was included in the record for one of two (Client #2) sampled clients.<br><br>Findings were:<br>1. A record review for Client #2 lacked documentation of a complete service plan. The service plan was missing the following: diet.<br><br>2. During the exit conference on April 21, 2025, at 10:30 a.m., Staff A stated the agency will make all changes. |                                                                                                         |                                                        |

State of GA, Healthcare Facility Regulation Division

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| {L 1007}<br><br>SS= E                                    | <p>111-8-65-.10(1)(b) Private Home Care Provider Services.</p> <p>Personal Care Tasks. If a provider provides personal care tasks, such tasks, at a minimum, shall be performed by a qualified PCA under the direction of a supervisor as required by these rules, and in accordance with the client's service plan. In addition to following the service plan, a PCA must report on the personal care needs of the client, on changes in the client's condition, and on any observed problems that affect the client. Licensed nurses are also authorized to perform personal care tasks.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the Provider failed to ensure staff provided personal care services in accordance with client's service plans for one of two (Client #1) sampled clients. ***This tag was previously cited on 5/28/24***</p> <p>Findings were:</p> <ol style="list-style-type: none"> <li>1. A review of the file for Client #1 showed a service plan for personal care services. The service plan included a frequency and duration of seven times per week for four hours per day. A review of the agency's record forms for January 2025 showed the client received services for a range of four to six times per week for one to five hours a day.</li> <li>2. During the exit conference on April 21, 2025, at 10:30 a.m., Staff A stated the agency will make all changes.</li> </ol> |                                                                                                         |                                                        |

State of GA Inspection Report