

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009943	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER GENEROUS CAREGIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2769 KILGORE RD BUFORD, GA 30519	
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{A 000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct the compliance inspection. An onsite visit was made to the facility on 2/7/24.</p>		

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{A 0912} SS= D	<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 staff involved with the provision of personal services to the residents must have at least sixteen (16) hours of training per year for 4 of 4 sampled staff. (Staff A, Staff B, Staff C, and Staff D) Findings include:</p> <p>A review of the files for Staff A, hired 9/19/19, Staff B hired 9/19/19, Staff C hired 9/1/22, and Staff D hired 9/19/19 showed no documentation of 16 hours of training recieved in 2023.</p> <p>During an interview at 3:30 p.m., Staff A stated Staff A, Staff B, Staff C, and Staff D did not receive 16 hours of training in 2023 and facility would get the training completed.</p>		

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<p>{A 0913} SS= D</p>	<p>111-8-62-.09(6) Workforce Qualifications and Training.</p> <p>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 assistant within twelve months prior to their employment with the home which examination was sufficiently comprehensive to assure that the employee is free of diseases communicable within the scope of employment and physically qualified to work. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician assistant of each administrator or staff person to determine readiness to return to work following a significant illness or injury. Copies of information regarding staff member health must be kept in the staff person's file accessible at the licensed home or within one hour of the request.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure each employee received a tuberculosis screening (TB screening) and a physical examination (PE) by a physician, nurse practitioner, or physician's assistant within 12 months prior to employment for 1 of 4 staff (Staff C). Findings include:</p> <p>A review of the file for Staff C hired 9/1/22, showed no documentation of a physical exam and a TB screening.</p>		

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{A 0925} SS= D	<p>During an interview at 3:30 p.m., Staff A stated Staff C had not received a physical exam and a TB screening prior to employment. Staff A stated the facility planned to have Staff C obtain a physical exam and a TB screening.</p> <p>111-8-62-.09(9) Criminal History Background Chk Direct Emp. Criminal History Background Checks for Employees Required. Prior to serving as an employee other than a director of a licensed personal care home, the home must obtain a satisfactory records check determination for the person to be hired in compliance with the provisions of</p>		

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	<p>O.C.G.A. §31-7-250 et seq. or specific rules passed pursuant to the statute.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to obtain a satisfactory criminal records check to include fingerprints check prior to employment in compliance with the provisions of O.C.G.A. 31-7-250 et seq. or specific rules passed pursuant to the statute for 1 of 4 sampled staff (Staff C). Findings include:</p> <p>A review of the file for Staff C hired 9/1/22 showed no documentation of a satisfactory fingerprint criminal records check.</p> <p>During an interview at 3:30 p.m., Staff A stated Staff C had not received a criminal fingerprint check prior to employment. Staff A stated the facility planned to have Staff C obtain a criminal fingerprint check.</p>		

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{A 2031} SS= D	<p>111-8-62-.20(8)(d) Maintaining Records on Med Assist & Admn. Maintaining Records on Medication Assistance and Administration. Where the home either provides assistance with, or supervision of self-administered medications, or administers medications to residents, the home must maintain a daily Medication Assistance Record (MAR) for each resident receiving such service.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to have a medication assistance record (MAR) for 1 of 4 sampled residents (Resident #4). Findings include:</p> <p>A review of the file for Resident #4 showed he/she was admitted to the facility on 9/3/23 with multiple medications, and there were no February 2024 MARs available for review.</p> <p>During an interview at 3:30 p.m., Staff A stated the pharmacy did not provide Resident #4's February 2024 printed MARs. Staff A stated he/she assisted Resident #4 with medications and he/she did not use a MAR to document when the medications were given.</p>		

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