

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000662	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER LEGACY RIDGE AT MARIETTA		STREET ADDRESS, CITY, STATE, ZIP CODE 840 LECROY DRIVE MARIETTA, GA 30068	
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{0000}	Initial Comments. The purpose of this visit was to investigate intake #GA50008635 and #GA50008793. The investigation began on 2/4/2026, an onsite visit was made on 2/4/2026, and the investigation was completed on 2/6/2026.		
{0808} SS= D	111-8-63-.08(3) Community Leadership. Each assisted living community must have a separate administrator or on-site manager who works under the supervision of the administrator. This REQUIREMENT is not met as evidenced by: >>>>Based on observation and staff interview, the facility failed to ensure each assisted living community had a separate administrator or on-site manager who worked under the supervision of the administrator. The findings included: On 2/4/2026 at 9:30 a.m., there was no licensed Administrator responsible for the facility, and no designated on-site manager working under the direct supervision of the Administrator.		

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{0809} SS= D	On 2/4/2026 at 1:00 p.m, Staff B called Staff A and was told there was not a licensed Administrator in the facility. Staff B stated that Staff A is the full-time Administrator at another facility. 111-8-63-.08(4) Community Leadership. The administrator or on-site manager must designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the absence of the administrator or on-site manager. This REQUIREMENT is not met as evidenced by: >>>>Based on observation and interview, the facility failed to ensure the Administrator or on-site manager designated a qualified staff person as a responsible staff member to act on his or her behalf and to carry out his or her duties in the absence of the Administrator or on-site manager. The findings included: On 2/4/2026 at 9:30 a.m., no qualified staff member was designated to act on behalf of the Administrator.		

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{0921} SS= D	2/4/2026 at 1:00 pm Staff B called Staff A and was told there was not another licensed Administrator in the building in his/her absence. Staff B stated that Staff A is the full-time Administrator at another facility. 111-8-63-.09(11) Criminal History Background Checks- Director. Criminal History Background Checks for Director, Administrator and Onsite Manager Required. Prior to serving as a director, administrator or onsite manager of an assisted living community, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12. This REQUIREMENT is not met as evidenced by: >>>>Based on record review and staff interviews the facility failed to obtain a satisfactory criminal History background check for director, administrator and onsite manager as required. Prior to serving as a director, administrator or onsite manager of an assisted living community, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12. for 1 of 1 sampled staff (Staff B),		

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	The findings included: The record review of the GCHEXS roster did not include a listing for Staff B. On 2/4/2026 at 12:48 p.m., during an interview, Staff B stated that he/she was hired on 9/17/2021 as the corporate compliance nurse. Staff B stated he/she was working in the facility as the on-site manager/nurse until one could be hired. Staff B stated he/she would need to be fingerprinted because he/she was not active on the roster community roster and would check the corporate roster. On 2/4/2026 at 2:00 p.m., Staff C stated he/she was unable to pull Staff B up in the GCHEXs system, and he/she would have to make an appointment to be fingerprinted. Staff C stated he/she did not have access to a corporate roster, and the background check would be listed by the community. On 2/4/2026, Staff B provided documentation of a fingerprinting appointment scheduled for 2/5/2026.		

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{1930} SS= D	111-8-63-.19(1)(d)3. Staff Training. A minimum of sixteen (16) hours of specialized, competency-based training using forms specified by the department, to include, at a minimum: (I) The nature of Alzheimer's and other dementias; (II) The center's philosophy related to the care of residents with Alzheimer's and other dementias; (III) The center's policies and procedures related to care of residents with Alzheimer's and other dementias; (IV) Common behavior problems characteristic of residents with Alzheimer's and other dementias; (V) Positive therapeutic interventions and activities; (VI) Skills for maintaining the safety of the resident; and (VII) The role of the family in caring for residents with Alzheimer's and other dementias. This REQUIREMENT is not met as evidenced by: >>>Based on record review, and staff interviews the facility failed to ensure all direct care staff receive initial orientation training within the first thirty (30) days of caring for residents independently that, at a minimum, included: A minimum of sixteen (16) hours of specialized, competency-based training using forms specified by the department, to include, at a minimum: (I) The nature of Alzheimer's and other dementias; (II) The center's philosophy related to the care of residents with Alzheimer's and other dementias; (III) The center's policies and procedures related to care of residents with Alzheimer's and other dementias; (IV) Common behavior problems characteristic of residents with Alzheimer's and other dementias; (V) Positive therapeutic interventions and activities; (VI) Skills for maintaining the safety of the resident; and (VII) The role of the family in caring for residents with Alzheimer's and other dementias for 2 of 2 sampled staff (Staff D and Staff I). The findings included:		

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	A record review of the personnel file showed the date of hire for Staff D (10/7/2025) and for Staff I (2/14/2025). A record review of the staff schedule showed that Staff D and Staff I worked in the memory care unit. A review of the training transcript showed that Staff D and Staff I had not completed the required 16 hours of specialized, competency-based training related to Alzheimer's or dementia. On 2/4/2026 at 10:10 am, during an interview, Staff D stated that she had been employed for 3.5 months in the memory care unit. Staff D stated he/she had completed Cardio Pulmonary Resuscitation (CPR) and First Aid training, and abuse and neglect training. On 2/4/2026 at 2:00 pm, in an email, Staff C stated that several staff members had not completed their training and that they had provided what was documented for them. On 2/6/2026 at 10:44 am, during a telephone interview, Staff E confirmed that Staff D and I worked in the memory care unit.		

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