

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009932	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/14/2025
NAME OF PROVIDER OR SUPPLIER OAKS AT SNELLVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2078 SCENIC HIGHWAY NORTH SNELLVILLE, GA 30078	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>>>>> The purpose of this visit was to investigate complaint intake# GA50003091. The investigation began 6/10/25, an unannounced on-site visit was conducted on 6/10/25, and the investigation was completed 6/14/25.</p>		
{0703} SS= D	<p>111-8-62-.07(3) Governing Body.</p> <p>The governing body is responsible for implementing policies, procedures and practices in the home that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with these rules.</p> <p>This REQUIREMENT is not met as evidenced by: The governing body is responsible for implementing policies, procedures, and practices in the home that support the core values of dignity, respect, choice, independence, and privacy of the residents in a safe environment and in accordance with these rules.</p> <p>The rule was not met, as evidenced by the facility's failure to adhere to practices and procedures that support dignity, respect, and choice in a safe environment for 1 of 1 sampled Residents (Resident #1).</p> <p>Findings include:</p>		

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	<p>A review of the complaint intake reported to the department showed that AA reported on 4/20/25, while visiting Resident #1, Resident #1 was sitting in the cafeteria at lunch and was served shrimp scampi. AA reported that Resident #1 was highly allergic to any shellfish. AA reported Resident #1 did not ingest the shellfish, but the incident was reported to Staff</p> <p>A review of Resident #1's file revealed that a physician's medical evaluation dated 3/20/25, indicated the following: diagnosis, none; physical limitations, ambulates with walker; mental health limitations, none; treatments, none; and allergies, shrimp and shellfish.</p> <p>A review of Resident #1's file revealed that the facility's diet order form indicated food allergies to shrimp and shellfish.</p> <p>A review of Resident #1's file revealed a resident information sheet that indicated a shrimp and shellfish allergy for Resident #1.</p> <p>A review of Resident #1's file showed a pharmacy enrollment form that indicated a shellfish allergy.</p> <p>A review of Resident #1's file revealed a move-in date of 3/25/25.</p> <p>During an interview on 6/10/25, Staff A stated that Resident #1 was erroneously served shellfish. Staff A stated that Resident #1 did not ingest the shellfish. Staff A stated that Resident #1 did not require hospitalization. Staff A stated that the facility was aware Resident #1 was allergic to seafood. Staff A stated that agency staff unfamiliar with Resident #1's dietary restrictions served</p>		

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	<p>shellfish to Resident #1.</p> <p>During an interview on 6/10/25, Staff B stated that he/she had been employed by the facility for almost two months. Staff B stated that the facility is advised of dietary restrictions. Staff B stated that the diet order forms are maintained in his/her office, and the respective residents' photographs were posted in the kitchen on a corkboard with the restrictions labeled on the picture. Staff B stated that the meals intended for residents with dietary restrictions are separated for meal service.</p>		