

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 01/23/2026
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}	Opening Comments. >>>>The purpose of this visit was to conduct a complaint investigation (GA50007707). The investigation started on 1/20/2026, an on-site visit was made on 1/20/2026, and the investigation was completed on 1/20/2026.		
{0902} SS= D	111-8-62-.09(2) Workforce Qualifications and Training. 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. ... This REQUIREMENT is not met as evidenced by: >>>>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, receives work-related training within the first sixty days of employment for 1 of 2 sampled staff (Staff B). Findings include: A review of the personnel for Staff B, hired 11/19/22, showed no evidence of evacuation procedures, resident rights, resident population, infection control and abuse identification trainings.		

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	During a telephone interview on 1/22/26 at 2:40 p.m., Staff A stated that Staff B did not have the required training within the first sixty days of Staff B's hire date.		