

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH010172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/24/2025
NAME OF PROVIDER OR SUPPLIER TAYLER'S SANCTUARY		STREET ADDRESS, CITY, STATE, ZIP CODE 5215 LAKE CARLTON LOGANVILLE, GA 30052	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct a re-licensure inspection. An on-site visit was made to the facility on 3/12/25.</p>		
{A 0931} SS= D	<p>111-8-62-.09(11)(a) Workforce Qualifications And Training. [Personnel file(s)] must include all of the following:</p> <p>(a) Evidence of a satisfactory fingerprint record check determination, if applicable.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on observation, record review, and interview, the facility failed to provide evidence of a satisfactory fingerprint records check for 2 of 3 sampled staff (Staff B and Staff C). Findings include:</p> <p>During a tour of the facility on 3/12/25 at 1:00 p.m., Staff B and Staff C were observed assisting residents in the facility.</p> <p>A review of the files for Staff B hired 6/1/24 and Staff C hired 3/1/25 showed no record of a satisfactory fingerprint records determination.</p> <p>During an interview on 3/18/25 at 9:32 a.m., Staff A stated Staff B and Staff C fingerprint results were still pending. Staff A stated Staff B and Staff C did not obtain a satisfactory background check (GCIC) at the local police department.</p>		

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	<p>dosage).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on observation, record review, and interviews, the facility failed to have a Medication Assistance Record (MAR) which included the name, strength, a summary of severe side effects and adverse reactions for use of each medication and a chart for staff who provide assistance or administration to record initials, times, and dates when medications are taken, refused, or a medication error for 1 of 4 sampled residents (Resident #4) Findings include:</p> <p>During a medication cart audit on 3/12/25 the following prescription medications were observed onsite in Resident #4 medication cart:</p> <ul style="list-style-type: none"> -Atorvastatin 80 mg prescribed daily at bedtime for cholesterol -Quetiapine Fumarate 100 mg prescribed daily at bedtime for sleep -Metoprolol Succ ER 25 mg prescribed daily for high blood pressure -Furosemide 20 mg prescribed daily for edema -Amlodipine Besylate 2.5 mg prescribed daily for high blood pressure -Timolol 0.5% ophthalmic solution 10 ML drop both eyes prescribed daily for glaucoma -Rexulti 2 mg prescribed daily for dementia <p>A review of January 2025, February 2025, and March 2025 MARs for Resident #4 showed no documentation of the medications' strength, summary of side effects, adverse reactions, and a chart for each staff to record initials and times when the medications were taken or refused.</p> <p>During an interview on 3/12/25 at 1:00 p.m., Staff B stated the facility did not have a MAR for Resident #4. Staff B stated he/she listed Resident #4 medications on a blank paper and marked each day the medications were given. Staff B stated he/she did not include Resident #4 medications strength, times given, adverse reactions, and did not record his/her initials each time medications were given.</p>		

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	<p>During an interview on 3/12/25 at 1:30 p.m., Staff A stated he/she requested a MAR from Resident #4 hospice agency and had not received the MAR.</p>		