

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060-R-1299	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE AT HOME ROSWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 APPLEWOOD DRIVE ROSWELL, GA 30076	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	Initial Comments. The purpose of this visit was to conduct a periodic compliance survey on January 28, 2025. Rule violations were cited.		
{L 1013} SS= D	<p>111-8-65-.10(2)(b)2. Private Home Care Provider Services.</p> <p>The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 92 days, starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met. The visit shall include an assessment of the client's general condition, vital signs, a review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by the provider's staff. Such supervision shall also include observations about the appropriateness of the level of services being offered. Routine quarterly supervisory visits shall be made in the client's residence and shall be documented in the client's file or service plan.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of client records and interview with Staff A, it was determined client supervisory visits for personal care services failed to include all required elements for one of two (Client #2) sampled clients.</p> <p>Findings were:</p> <p>1.A record review for Client #2 revealed the supervisory visit forms lacked</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060-R-1299	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE AT HOME ROSWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 APPLEWOOD DRIVE ROSWELL, GA 30076	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>documentation of the following required elements: problems.</p> <p>2. During the exit conference on January 28, 2025, at 10:30 a.m., Staff A stated the agency will make all updates and changes.</p>		