STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	ALC000274		**03/18/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA ROSWELL	**400 MARIETTA HIGHWAY** **ROSWELL, GA 30075**

(X4) ID PREFIX TAG	**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**
{L 0000}	>>>>The purpose of this visit was to conduct the compliance inspection and investigate intake #GA00221746. An onsite visit was made 3/11/22 and the inspection was completed 3/18/22.
{L 1300} SS= D	>>>>Based on observation and interview the facility failed to ensure the floors were kept clean for 2 of 4 sampled residents (Resident #2 and Resident #4). Findings include: During a tour of the facility stained carpet was observed in the room of Resident #2 and Resident #4. A review of file for Resident #2, admitted 6/24/16 with diagnoses cerebrovascular accident, asthma, and hypertension, showed the resident ambulated independently with wheelchair. During an interview on 3/11/22 at 1:30 p.m., Resident #2 stated he/she had requested the carpet be cleaned prior to the pandemic. The resident also stated the carpet became more soiled during the sequestering for COVID in 2020. Resident #2 stated to date the carpet had not been cleaned. During an interview on 3/11/22 at 3:35 p.m., Staff A stated the carpet would be cleaned.