

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000291</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/29/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CEDARHURST OF OAKWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4251 HUDSON DRIVE OAKWOOD, GA 30566</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	Initial Comments.  The purpose of this survey was to investigate #GA50005561, #GA50005762, and #GA50005574. The onsite visit was on 10/17/25. The investigation was completed on 10/29/25.		
{2041} SS= D	<p>111-8-63-.20(7)(c) Basic Medication Training.</p> <p>[Basic medication training for staff assisting with self-administration] must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics: ...</p> <p>(c) providing the right medication to the right resident at the right time in the right amount and the right way including how to measure various medications; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>&gt;&gt;&gt;&gt;Based on record review and interview, staff failed to provide the medications at the right time for 1 of 5 sampled residents (Resident #5). Finding included</p> <p>A review of the October 2025 MAR for Resident #5 showed the following medications should be given to the resident at 8:00 a.m.</p> <ol style="list-style-type: none"> <li>1. Synthroid TAB 50 mg</li> <li>2. Famotidine TAB 40 mcg</li> <li>3. Eliquis tab 2.5</li> <li>4. Diclofenac Gel %1</li> <li>5. Fluticasone Spray 50 mcg</li> </ol>		

State of GA, Healthcare Facility Regulation Division

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	<p>6. Buspirone tab 5mg 7. Prednisone tab 5mg 8. Lidocaine DIS 5% patch 9. Vitamin D3 TAB</p> <p>A review of the October 2025 med pass history report for Resident #5 showed on 10/17/25 that staff administered the following medications more than one hour later than the scheduled time of 8:00 a.m. listed on the MAR. The medications were administered to the resident at 9:19 a.m.</p> <p>1. Vitamin D3 TAB 2. Famotidine TAB 40 mcg 3. Eliquis tab 2.5 4. Diclofenac Gel %1 5. Fluticasone Spray 50 mcg 6. Buspirone tab 5mg 7. Prednisone tab 5mg 8. Lidocaine DIS 5% patch</p> <p>During an interview on 10/17/25, Resident #5 stated his/her medications were administered late to him/her earlier this morning (10/17/25).</p> <p>During an interview on 10/29/25, Staff A was made aware of the findings.</p>		