

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008478	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER REGENCY HOUSE OF BUFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 4450 OLD HAMILTON MILL ROAD BUFORD, GA 30518	
(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 re-licensure inspection. An on-site visit was made to the facility on 2/18/26.		
{2032} SS= D	111-8-62-.20(8)(e) Maintaining Records on Med Assist & Admn. The MAR must include the name of the specific resident, any known allergies, the name and telephone number of the resident's health care provider, the name, strength and specific directions including 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, time and date when medications are taken, refused or a medication error is identified (e.g. missed dosage). This REQUIREMENT is not met as evidenced by: >>>>Based on record review, and staff interview, the facility failed to ensure staff record initials, time and date when medications are taken or refused for 1 of 3 sampled residents (Resident #3). Findings include: A review of Resident #3 February 2026 Medication Administration Record (MAR) showed the following medications were not initialed or signed for 2/18/2026 at 8:00 a.m. : Escitalopram 20 mg, take 1 tablet by mouth daily.		

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	Florastor, 250 mg, 1 cap by mouth daily. Losartan 50mg, 1 tab by mouth twice daily. Montelukast 10mg, 1 tab by mouth daily. Omeprazole, 1 cap by mouth daily. Pot Chloride Sol 10 %, 15ml, by mouth twice daily. Mag Oxide tab, 1 tab by mouth daily. During an interview on 2/18/2026 at 1:20 p.m., Staff A stated he/she forgot to sign the Medication Administration Record (MAR).		