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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000700 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Village Park West Cobb | | STREET ADDRESS, CITY, STATE, ZIP CODE 3292 ERNEST BARRETT PARKWAY MARIETTA, GA 30064 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| {0000} | <p>Initial Comments.</p> <p>>>>>The purpose of this visit was to conduct a complaint inspection (GA50003958, GA50003959).</p> <p>This inspection started on 7/29/25, an on-site visit was made on 7/29/25, and the visit was completed on 8/14/25.</p> | | |
| {0925} SS= D | <p>111-8-63-.09(12) Criminal History Background Checks- Employees</p> <p>Criminal History Background Checks for Direct Access Employees Required. Prior to serving as a direct access employee, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and staff interviews, the facility failed to obtain a satisfactory fingerprint records check (FPC)determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks for 1 of 2 sampled staff (Staff C).</p> <p>Findings include:</p> <p>A review of the file for Staff C, hired 5/4/2023, showed no documentation of an FPC as required by the above rule.</p> <p>During an interview on 8/14/2025, at 11:45 a.m., Staff A stated she/he did not have a FPC records check for Staff C. Staff A stated he/she looked in the staff</p> | | |

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| <p>{0931} SS= D</p> | <p>file and were unable to locate any background check for Staff C, and he/she would work on getting one completed immediately.</p> <p>111-8-63-.09(15)(c) Personnel Files. [Personnel] files must include the following: ... (c) evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100; ...</p> <p>This REQUIREMENT is not met as evidenced by: >>>>Based on record review and interview, the facility failed to have evidence of recertifications as required for 1 of 2 sampled staff (Staff C).</p> <p>Findings include:</p> <p>A review of the file of Staff C, hired 5/4/23, did not show a current first aid certification and a Cardiopulmonary Resuscitation (CPR) certification. The first aid and CPR certification was dated 1/6/23 and expired in two years on 1/6/25.</p> <p>During an interview on 8/5/25 at 2:12 p.m., Staff A stated that he/she had inquired with Staff C about his/her CPR and first aid certifications that had expired, and Staff C stated he/she knew it was expired but was waiting for the facility to get him/her in an upcoming training/class.</p> | | |

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| {2500} SS= D | <p>During an interview on 8/14/2025 at 11:45 a.m., Staff A was aware of the finding. Staff A stated he/she would work on getting Staff C's CPR and First aid training up to date.</p> <p>111-8-63-.25(1) Supporting Residents' Rights</p> <p>Supporting Residents' Rights and Obtaining Feedback. The assisted living community must operate in a manner that respects the personal dignity of the residents and the human rights of the residents which rights cannot be waived, except as provided in these rules by the resident or the resident's representative or legal surrogate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review, Resident and staff interviews, the facility failed to ensure each resident received care and services which were adequate, appropriate, and in compliance with state law and regulation for 1 of 4 sampled residents (Resident #1).</p> <p>Findings include:</p> <p>An incident report dated 5/30/25 revealed, An incident report dated 5/30/25 revealed that Resident #1 was found on the floor on the right side of the bed, bleeding from his/her head . Resident #1 stated that when the staff came, the staff member just stood there and did not render him/her any help. Vital signs were checked by paramedics, and Resident #1 was sent to the local hospital for assessment and evaluation.</p> | | |

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| | <p>During an interview on 7/29/25 at 1:29 p.m., Resident #1 stated that he/she had a fall recently, and the staff did not come to check on him/her for over thirty minutes. Resident #1 stated when the staff did come the staff member just stood there and did not render him/her any help. Resident #1 stated that in the future, he/she would get the name of the staff member for identification.</p> <p>During a phone interview on 7/29/25 at 10:00 am, AA stated he/she observed a staff member standing near Resident #1 while he/she was lying on the floor, but AA did not know the staff member's name. AA stated that in the future, he/she would get the name of the staff member for identification. AA further stated the staff member stated he/she did not have time to bandage the resident as he/she lay on the floor bleeding. AA stated Resident #1 was lying in a pool of blood from his/her head with a staff member standing nearby playing on their phone. AA stated that no patient care was given, not even any comfort care.</p> <p>During an interview on 7/29/2025, Staff A stated that he/she was aware of the issues with staffing and that he/she had been in the role for one month, and he/she had hired several new staff members and had terminated several staff members. AA stated he/she will be conducting staff trainings to ensure all staff members know how to assist residents who have had a fall.</p> | | |