STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115002	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home Wesley Woods	1819 Clifton Road, N.E. Atlanta, GA 30329

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Medication Administration Policy, the facility failed to assess for the ability to self-administer medications prior to leaving medications at the bedside for one of 44 sampled residents (R) (R50). The deficient practice had the potential to allow access to medications otherwise not prescribed by a physician to other residents. Findings include: Review of the facility's policy titled Medication Administration policy revised December 2023 indicated the following: Policy: Medications are administered by licensed nurses, or other care partner who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Review of the medical record for R50 revealed diagnoses including but not limited to encephalopathy, unspecified, transient cerebral ischemic attack, unspecified, difficulty in walking, not elsewhere classified, muscle weakness (generalized), unilateral primary osteoarthritis, right knee, benign prostatic hyperplasia with lower urinary tract symptoms, type 2 diabetes mellitus with unspecified complications, repeated falls, other specified disorders of bone density and structure, unspecified site, wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing. Review of R50's Physician orders revealed an order on 9/9/2025 for Biofreeze roll-on external gel 4% (menthol (topical analgesic)) apply to right knee topically every 24 hours as needed for right knee pain. Review of the most recent quarterly Minimum Data Set (MDS) dated [DATE] documented R50 had a Brief Interview for Mental Status (BIMS) score of 11, indicating the resident had moderate cognition. Review of the clinical record revealed there was no assessment for medication self-administration. Initial screening observation on 9/9/2025 at 2:03 pm revealed Biofreeze roll-on pain relief bottle and arthritis pain reliever ointment tube resting on top of a dresser cabinet near doorway entrance. Observation on 9/9/2025 at 2:35 pm revealed R50 sitting in his wheelchair. He mentioned he had been downstairs for several hours waiting on his son to drop off a personal package. He stated he uses Biofreeze roll-on pain relief bottle and arthritis pain reliever ointment almost every day. He stated he had all the items on top of his dresser cabinet since he was admitted and was never questioned about having them from the nurse. Interview on 9/9/2025 at 2:45 pm with Licensed Practical Nurse (LPN) BB indicated that no resident from her knowledge has a physician's order to self-administer any medications. She confirmed R50 had Biofreeze roll-on pain relief bottle, and arthritis pain reliever ointment tube resting on top of a dresser cabinet near doorway entrance. She further removed all items and explained to resident it was a safety precaution, and she would speak with his doctor about receiving an order to use the items. R50 mentioned to LPN that the medications had been on top his dresser cabinet since he was admitted . R50 further stated to LPN that he uses the Biofreeze roll-on pain medicine every day for his right knee area due to discomfort and pain. Interview on 9/11/2025 at 10:45 am with the Director of Nursing (DON), she stated that currently there was not a resident residing in the facility who had been assessed and deemed appropriate to self-administer medications. The DON confirmed R50 did not have a physician order for the medications that were located on the resident's dresser cabinet. She stated the residents must be assessed and approved for self-administration of medication. She stated if a resident is approved then medications should be locked on nurse's cart, care planned, and residents assessed on a quarterly basis. The DON further stated that there should not be any medications left at the resident's bedside, and she expected the nurse to administer the residents' medications.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility policy titled, Preventive Maintenance, the facility failed to ensure the residents' living area was safe, clean, comfortable, and homelike in three rooms (room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]) on two of four halls (300 Hall and 400 Hall). Specifically, residents' rooms contained damaged sheetrock walls with holes, scuffed/chipped paint, and a dirty personal fan that had the potential to affect patient comfort and safety. Findings Include: Review of the facility's undated policy titled Safe and Homelike Environment revised 7/20/2024 revealed under Intent Preventive Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Observation on 9/9/2025 at 8:30 am in rooms [ROOM NUMBERS] revealed, scuffed/ chipped paint and a hole in the wall. Observation on 9/9/2025 at 8:10 am in room [ROOM NUMBER] revealed a small black oscillating fan blowing on bed B near the window with fuzzy grayish substance on its fan vents. Interview with concurrent observation rounds on 9/11/2025 at 10:24 am with the Facility Manager Director (FMD) CC and Environmental Services Director (ESD) DD confirmed, dirty personal fan, damaged sheetrock walls with holes, scuffed/ chipped paint and a hole in the wall in rooms 304, 410 and 419. The FMD CC stated that the cleaning of personal fans was not part of the housekeepers' original responsibilities, however it will be added. The FMD CC and ESD DD stated that their staff will immediately correct and address the damaged areas and dirty items in each room.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, staff interviews, and review of the facility policy titled, Comprehensive Care Plans, the facility failed to complete/update care plans for two of 44 sampled residents (R) (R40 and R3). Specifically, R3 had orders for oxygen therapy and oxygen was not on the care plan. Also, the facility failed to complete a care plan for R40 related to hearing loss and communication interventions. The deficient practice had the potential to lead to negative health outcomes and unmet care needs.Findings include: Review of facility policy titled, Comprehensive Care Plan revised on 6/26/2023 states under Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident consistent with resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The policy explanation and compliance guidelines revealed: The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally-competent and trauma-informed. 1. An interview on 9/11/2025 at 10:30 am with Licensed Practical Nurse (LPN) BB confirmed that R40's care plan did not address hearing loss, or how to address communication concerns. She explained at present they raised their voices to speak with R40 and relied on her daughter to assist with communication. An interview with MDS Director on 9/11/2025 at 11:05 am confirmed that a care plan was not in place to address hearing loss for R40. She revealed the hearing loss should have been addressed in the care plan. The MDS Director was making the correction today and would make sure the correction was added to tasks, and reviewed and communicated the change of the care plan to the Administrator. An interview on 9/11/2025 at 11:50 am with the Director of Nursing (DON) confirmed that hearing loss should be addressed in the care plan. Care plans were reviewed by the Inter disciplinary Team (IDT team). The lack of care planning for R40 hearing loss was an oversight that has been corrected. The DON expectation was that the care plan would include hearing loss. An interview on 9/11/2025 at 12:05 pm with the Administrator revealed her expectation was that the care plan would include hearing loss. 2. An interview on 9/11/2025 at 10:13 am with the DON revealed for R3, the oxygen settings should match the oxygen order. She also confirmed that oxygen orders should be care planned and meet the expectations of the resident as determined by the physician. An interview on 9/11/2025 at 12:05 pm with the Administrator revealed her expectations was that oxygen orders should have been administered as ordered and should be care planned.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Accident and Supervision, the facility failed to ensure the residents' environment remained free of potential accident hazards for three of 44 sampled residents (R) (R131, R122 and R48). Findings include: Review of the facility policy titled Accidents and Supervision revised on 6/26/2023 states under intent: The elder environment will remain free of accident hazards as is possible. Each elder will receive adequate supervision and assistive devices to reduce the risks of accidents. This includes identifying hazard(s) and risk(s), evaluating and analyzing hazard(s) and risks, implementing interventions to reduce hazard(s) and risk(s), and monitoring for effectiveness and modifying interventions when necessary. The policy explanation and guideline states: The community shall establish and utilize a systematic approach to address elder risk and environmental hazards to minimize the likelihood of accidents. 1. Identification of Hazards and Risks-the process through which the community becomes aware of potential hazards in the elder environment and the risk of an elder having an avoidable accident. All staff (e.g., professional, administrative, maintenance, etc.) are to be involved in observing and identifying potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident. The community should make a reasonable effort to identify the hazards and risk factors for each resident. 1. Review of the electronic medical record for R131 revealed diagnoses that include but not limited to other specified peripheral vascular disease (primary diagnosis), Alzheimer's disease with early onset, hereditary and idiopathic neuropathy, muscle weakness, spinal stenosis (lumbar region without neurogenic claudication), hyperlipidemia, generalized anxiety disorder, anemia, primary osteoarthritis (left shoulder), unspecified dementia, pain right hip, spondylolisthesis (lumbar region), type 2 diabetes, chronic kidney disease, stage 3. Review of the quarterly Minimum Data Set (MDS) dated [DATE] for R131 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates R131 is cognitively intact. Observation and interview on 9/9/2025 at 11:55 am, R131 was observed sitting up in wheelchair watching television. A can of name of disinfectant spray and name of disinfectant spray were on a stand beside the television. R131 stated, I am glad to be here. I have been to a lot of places, and I love it here. Observation on 9/10/2025 at 11:34 am, R131 was sitting up in a wheelchair in her room watching television. The two cans of disinfectant spray were on a stand beside the television. Observation on 9/11/2025 at 9:46 am, R131 was sitting up in a wheelchair eating breakfast. Two cans of disinfectant spray remained on a stand beside the television. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 9/11/2025 at 10:13 am with the Director of Nursing (DON) revealed that there should be no chemicals at a resident's bedside. If staff observed chemicals in the resident's room, they should remove the item and notify the resident and family that the resident cannot have these items at bedside. Facility chemicals should be locked up when not in use 2. Review of the quarterly MDS for R122 revealed a BIMS score of 7, indicating R122 was severely cognitively impaired. Observation on 9/9/2025 at 8:30 am during a walk-through of the facility revealed that resident R122 had a spray bottle of alcohol sitting on the bedside table, and resident R48 had two aerosol cans of 'brand name' disinfectant. Interview on 9/10/2025 at 10:00 am with R122 revealed that she uses alcohol to clean her ears, and her daughter bought it for her. Interview on 9/11/2025 at 10:45 am with the DON, she stated that currently there were no residents residing in the facility who had been assessed and deemed appropriate to use rubbing alcohol and 'brand name disinfectant' for disinfection. She confirmed that R122 and R48 should not have chemicals in their rooms as this poses a potential accident hazard.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Oxygen Therapy, the facility failed to administer oxygen (O2) at the correct ordered setting for one of 21 residents (R) (R3) receiving O2 therapy. This deficient practice had the potential to place R3 at risk for hypoxia (low O2 levels) which could have led to adverse clinical outcomes.Findings include:Review of facility's policy titled Oxygen Therapy revised May 2024 indicated the following: Policy Explanation and Compliance Guidelines: Oxygen is administered under the orders of a physician, except in cases of an emergency. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders, such as, but not limited to: The type of oxygen delivery system, When to administer, such as continuous or intermittent and/or when to discontinue, Equipment setting for the prescribed flow rates, Monitoring of SpO2 (oxygen saturation) levels and/or vital signs as ordered, Monitoring for complications associated with the use of oxygen. Review of the electronic medical record (EMR) for R3 revealed diagnoses including but not limited to chronic diastolic congestive heart failure, Alzheimer's Disease, and hypertensive heart disease.Review of R3's Physician orders revealed an order on 1/9/2025 for Oxygen at two liters (LPM-liters per minute) for increased work of breathing as needed. Document Oxygen saturations on room air, Respiratory Rate, Assess and Document Breath Sounds, every shift. Review of the quarterly Minimum Data Set (MDS) dated [DATE] documented R3 had a Brief Interview for Mental Status (BIMS) score of 4, indicating the resident had severe cognitive impairment. Section O (Special Procedures, Treatments, and Programs) revealed no O2 use.Review of the care plan dated 8/14/2025 revealed that O2 therapy is not addressed.Observation on 9/9/2025 at 11:43 am revealed that R3 was lying in bed facing the door, resting with their eyes closed. The O2 concentrator (machine that produces oxygen) was running at the setting of 4.5 LPM (liters per minute). Additional observations were made on 9/10/2025 at 11:19 am and 9/11/2025 at 10:04 am which revealed the O2 concentrator running at the setting of 4.5 LPM on both occasions. Interview with observation on 9/11/2025 at 10:06 am with Licensed Practical Nurse (LPN) EE revealed during review of the physician's order for O2 confirmed that the order was for 2 LPM. LPN EE confirmed, while in the room of R3, that the setting on the concentrator was 4.5 LPM. She then adjusted the O2 setting to 2 LPM. Further interview with LPN EE confirmed that O2 should be given at the setting ordered by the physician and confirmed that the O2 settings should be monitored per shift.Interview on 9/11/2025 at 10:13 am with the Director of Nursing (DON) revealed the O2 concentrator settings should match the physician order. The expectation was that oxygen saturations checks were completed according to physician orders. The DON confirmed there was no process in place to check concentrator settings against the physician orders. She also confirmed that O2 use should be care planned. Interview on 9/11/2025 at 12:05 pm with the Administrator revealed her expectation was that O2 use should have been administered as ordered by the physician and should be care planned.