

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and facility policy review, the facility failed to ensure the resident or responsible party (RP) was notified of a change in condition related to intravenous fluid and antibiotic use for one of nine sample residents (Resident (R) 4) reviewed for change in condition. This failure had the potential of R4 receiving treatments not aligned with the residents' or the responsible party's wishes for the residents' care.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Clinical Change in Condition Management, dated 2/1/2024, revealed The Interdisciplinary team strives to identify and manage all residents that are experiencing a change in condition .Clinical care management includes routine assessment, evaluation, response to changes in clinical condition and communication with residents and/or families/responsible parties .7. Verify that family/responsible party has been notified.</p> <p>Review of R4's undated admission Record located in the electronic medical record (EMR) under the Profile tab, indicated R4 was admitted to the facility on [DATE] with diagnoses including but not limited to acute respiratory failure with hypoxia, pneumonitis due to inhalation of food and vomit, and dementia.</p> <p>Review of R4's Physician Orders, dated 2/26/2025 located in the EMR under the Orders tab, revealed an order for Sodium Chloride Intravenous [IV] Solution 09% (percent), use 75 milliliters (ml) /hour intravenously every shift for volume depletion- Normal Saline IV Fluids at 75ml/hr [hour] times two liters for two administrations until finished .Levaquin (antibiotic) by mouth for pneumonia.</p> <p>Review of R4's Progress Notes, dated 2/8/2025, located in the EMR under Progress Notes, Licensed Practical Nurse (LPN) 2 documented Resident on IV fluids Sodium Chloride running at 75 milliliters (ml)/hour times two liters every shift for volume depletion .Also on oral antibiotic, levofloxacin for pneumonia. Further review of R4's EMR revealed no documentation of R4's RP ever being notified of R4's change in condition by the facility.</p> <p>During an interview on 7/1/2025 at 5:07 PM LPN1 (Unit Manager) was asked what was considered a change of condition with residents and when did you notify the family/RP. LPN1 responded Normally if there is any change in medications and/or clinical condition it is considered a change in condition and family would be notified.</p> <p>(continued on next page)</p>

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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NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060	

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/1/2025 at 5:19 PM, LPN2 was questioned if she recalled R4 starting his antibiotics and IV fluids. LPN2 responded that yes, she recalled the resident. LPN2 was questioned if she had notified R4's family or RP concerning R4's change in condition. LPN2 responded that if the family was in the building she would have notified them verbally, if not she would call them. LPN2 stated she couldn't recall if she had or not and did not believe she documented notifying them.</p> <p>During an interview on 7/2/2025 at 2:21 PM, the Director of Nursing (DON) was questioned if she was aware of LPN2 not notifying R4's family/RP, concerning him receiving IV Fluids and antibiotics. The DON responded that LPN2 had not notified the family, R4's family filed a grievance, and LPN2 and facility staff were given training in response.</p>

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on staff interviews and record review, the facility failed to provide an accurate Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) as required for one of three residents (Resident (R) 8) reviewed for beneficiary notices of nine sample residents. This failure could result in the residents not being informed of the residents' responsibility related to facility costs.</p> <p>Findings include:</p> <p>Review of R8's undated admission Record located in the electronic medical record (EMR) under the Profile tab indicated the resident was admitted to the facility with diagnoses including but not limited to hypertension, dementia, and hyperlipidemia.</p> <p>Review of R8's unsigned Notice of Medicare Non-Coverage (NOMNC), provided by facility, revealed R8's skilled nursing and therapy services would end 6/7/2025. Review of documentation provided by the facility, representing the SNF ABN, dated 6/5/2025 and signed by the Business Office Manager (BOM) revealed the following documentation Please sign below to indicate you received and understood this notice, or nursing home representative sign acknowledging last covered day given to representative by phone. I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my Quality Improvement Organization (QIO) Program. SNF ABN issued to resident's responsible party (RP), on 06/5/2025, informed last covered day 6/7/2025, financial liability as of 6/8/2025. Appeal must be filed no later than noon 6/6/2025 with name of filing agency. Patient's (family name) is RP and handles all affairs at this time due to cognitive deficit issues.</p> <p>During an interview on 7/2/2025 at 11:07 AM, the BOM confirmed that she had no evidence that she provided the SNF ABN to R8's RP but had read it to the RP by telephone. BOM confirmed that there was no documentation of BOM providing the information, or the financial responsibility of residents for continued services. BOM confirmed R8 remained in the facility after notice was provided.</p> <p>During an interview on 7/2/2025 at 2:25 PM, the Director of Nursing (DON) was questioned what her expectations were related to R8's SNF ABN form. DON explained she thought there was a miscommunication related to BOM understanding of the SNF ABN form. The DON stated she expected the BOM to use the SNF ABN form.</p>		