STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115283	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Cobb Center for Nursing and Healing LLC	4360 Johnson Ferry Place Marietta, GA 30068

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)
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, Resident Self-Administration of Medication, the facility failed to adequately assess two of 59 sampled Residents (R) (R60, R75) for self-administration of medication. 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 Resident Self-Administration of Medication with a review date of March 2024 documented under the section Policy Explanation and Compliance Guidelines: .3. When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team (IDT) should at a minimum consider the following: a. the medication appropriate and safe for self-administration; b. the resident's physical capacity to swallow without difficulty, open medication bottles administer injections; c. the resident's cognitive status, including their ability to correctly name their medications and know what conditions they are taken for; d. the resident's capability to follow directions and tell time to know when medications need to be taken; e. the resident's comprehension of instructions for the medication they are taking, including the dose, timing, and signs of side effects, and when to report to facility staff; e. the resident's ability to understand what refusal of medication is, and appropriate steps taken by staff to educate when this occurs; and f. the resident's ability to ensure that medications is stored safely and securely. 4. The results of the IDT assessment are recorded on the Medication Self-Administration Form, which is placed in the resident's medical record .7. bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's room or to confuse roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur; a. the manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage in ineffective .b. the medications provided to the resident for bedside storage are kept in the containers dispense by the provider pharmacy. 1. Review of the electronic medical record (EMR) revealed R60 was admitted to the facility with a diagnosis of but limited to Chronic obstructive pulmonary disease (COPD) unspecified.Review of R60's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment.Review of the care plan for R60 revealed no documentation for self-administration of medication.Review of the Physician's Orders for R60 revealed there were no orders found for nasal mist.Review of R60's EMR revealed no assessment for self-administration of medication.During an observation and interview on 8/19/2025 at 11:08 am with R60 in his room revealed there was a bottle of nasal mist on R60's nightstand. He stated he used the nasal mist when he got congested, but he had not used it in a while. During an observation and interview on 8/19/2025 at 11:30 am with Licensed Practical Nurse (LPN) OO confirmed R60 was not assessed for self-administration for medication. LPN OO further stated she did not notice R60's nasal mist on his dresser that morning when she was giving him medication, but he was not supposed to have it.2. Review of the EMR for R75 revealed admission to the facility with a diagnosis of but limited to displaced comminuted fracture of shaft of right femur subsequent encounter for closed fracture with routine healing. Review of R75's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, indicating R75 was cognitively intact.Review of the care plan for R75 revealed no documentation for self-administration of medication.Review of R75's EMR revealed no assessment for self-administration of medication. Observation on 8/19/2025 at 10:57 am revealed R75 had traid hydrophilic wound dressing (a paste that adheres to wet skin, absorbs fluid, moisturizes, and protects wounds) on the nightstand.Observation and interview on 8/19/2025 at 11:40 am with LPN OO confirmed R75 was not assessed for self-administration for medication. However, the wound care ointment was left in R75's nightstand drawer and not on top of the nightstand.Interview on 8/20/2025 at 2:26 pm with the Director of Nursing (DON) stated the wound care ointment and nasal mist should not be in the resident's room. The DON continued to state nurses, unit managers, and department heads were responsible for doing rounds and were assigned certain rooms to ensure these items were not present.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and record review, the facility failed to provide oxygen (O2) tubing extensions for one of 15 residents (R) (R68) who received O2 therapy. The deficient practice had the potential to cause issues with mobility and independence.Findings Include:Review of the electronic medical record for R68 revealed admission to the facility with diagnoses of coronavirus disease (Covid-19), chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and shortness of breath (SOB). Review of the quarterly Minimum Data Set (MDS) dated [DATE] documented that R68 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident had intact cognition. Further review of MDS section E (Behaviors) revealed R68 had no behaviors, section GG (Functional Abilities and Goals) required supervision for personal hygiene, dependent on showers, supervision with upper body dressing and moderate assistance for lower body dressing.Review of the care plan for R68 revealed a care plan dated 8/1/2025 documenting the resident was to receive three (3) (liters) L of oxygen (O2) continuously with a revision date of 8/20/2025 documenting the resident was to receive two (2) L of O2 via nasal every shift. During interview and observation on 8/19/2025 with R68 at 3:21pm in the residents' room revealed that the resident was being administered O2. She stated that the O2 tubing was too short, which caused her to take it off when going to the bathroom or maneuvering throughout her room. She stated that she put in a request for a longer tube 12 days ago but had not received it.During interview and observation on 8/20/2025 with R68 at 9:43 am, it was revealed that R68 had not received the extended O2 tubing that was requested. She continued to take O2 off when going to the bathroom as the tubing was not long enough for the resident to take to the bathroom. R68 revealed that she was out of breath after using the bathroom and returned to her wheelchair. R68 stated she had a physician order for O2 continuously.Interview with the Assistant Director of Nursing (ADON) on 8/21/2025 at 11:54 am in her office revealed that the Central Supply Coordinator completed the ordering of medical supplies for the facility. She stated that she was unaware that R68 requested extended O2 tubing.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and record review, the facility failed to ensure safe medication administration practices for one of nine residents (R) (R3) receiving insulin. Specifically, the facility failed to ensure R3 did not receive Humalog insulin from a vial that was not intended for R3.Findings include:Review of the Electronic Medical Record (EMR) for R3 revealed that she was admitted to the with diagnoses that included but not limited to acute kidney failure, and type 2 diabetes mellitus.Review of the Modification of Significant Change Minimum Data Set (MDS) dated [DATE] revealed in Section C (Cognitive Patterns) R3 had a Brief Interview for Mental Status (BIMS) score of 15, indicating little to no cognitive impairment.Review of the EMR care plan section for R3 revealed that she had a diagnosis of diabetes mellitus and current orders for insulin therapy.Review of the physician's order dated 7/2/2025 revealed an order for Humalog injection solution 100 units/Milliliter (ml), inject as per sliding scale.If 0-59 (sic), or below 60 (sic), call the physician.60-200 (sic): do not give any insulin. 201-250 (sic): give 4 units. 251-300 (sic): give 8 units. 301-350 (sic): give 10 units. If above 400 (sic), call the physician.(Sic) subcutaneously (injection given just below the skin) before meals and at bedtime for diabetes mellitus.Observation of medication administration on 8/20/2025 at 11:10 am with Registered Nurse (RN) HH revealed RN HH administered 4 units of Humalog insulin to R3 from a medication box/vial labeled with another resident's name. Interview on 8/20/2025 at 11:15 am with RN HH confirmed that she did administer the Humalog insulin from a vial that was not prescribed for R3.Interview on 8/20/2025 at 1:25 pm with the Director of Nursing (DON) revealed that it was her expectation that insulin was administered from a box/vial labeled for that specific resident.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observations, resident and staff interviews, and review of the facility's policies titled, Food Receiving and Storage, Refrigerators and Freezers, and Food Brought by Family/Visitors, the facility failed to remove expired food items from the refrigerator and dry storage, failed to label and date an opened package of frozen food, failed to maintain cleanliness of the kitchen's ice machine, failed to remove expired items from a resident's personal refrigerator, failed to maintain cleanliness of a resident's personal refrigerator, and failed to serve cold and hot food at an appropriate temperature. The deficient practices had the potential to cause foodborne illness and to affect 107 residents who received food from the kitchen. The facility census was 109.Findings include:Review of the undated facility policy titled Food Receiving and Storage documented under Policy Interpretation and Implementation: .7. All food stored in the refrigerator or freezer will be covered, labeled and dated.Review of the undated facility policy titled Refrigerators and Freezers documented under Policy Interpretation and Implementation: 8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates.Review of the facility policy titled Food Brought by Family/Visitors issued April 2024 documented under Guidelines: 8. The Nursing and/or Nutrition Services staff must discard any foods prepared for the resident that show obvious signs of potential foodborne danger (for example, mold growth, foul odor, past due packaging expiration dates).An initial tour observation of the facility kitchen was conducted on 8/19/2025 at 8:51 am and revealed two containers of thickened lemon-flavored water, each with a net weight of 46 fl oz (fluid ounces) and expiration dates of 7/14/2025 were observed in the dry storage area, a bag of what appeared to be chicken tenders in the freezer, opened and unlabeled, and a container of thickened lemon-flavored water with an expiration date of 7/14/2025 in the refrigerator, opened and used.An observation on 8/19/2025 at 9:14 am revealed the kitchen ice machine with a black substance build up under the cover of the ice dispenser. The Food Service Director (FSD) confirmed at this time that it should be cleaned and stated that it was the responsibility of Maintenance to clean the ice machine.In an interview with the FSD on 8/19/2025 at 9:01 am, she confirmed the opened and unlabeled bag of chicken in the freezer and three expired containers of thickened lemon-flavored water. She stated that whenever the delivery truck came to the facility, which was twice a week, she expected staff to rotate the food items with a first in, first out approach. When asked her expectations with expired food items, she stated that she thought that staff had checked them but acknowledged that it was also her responsibility to double-check the food items.An interview with the Director of Maintenance on 8/19/2025 at 4:52 pm revealed he was responsible for cleaning the kitchen ice machines and performed the cleaning quarterly by flushing the ice machine out with hot water and using disinfecting wipes. When shown the build up of black substance on the ice machine, he stated he never cleaned that area.An interview with the Administrator on 8/21/2025 at 11:45 am revealed her expectation was that part of the day-to-day supervision in the kitchen was to ensure everything was labeled and dated appropriately. Regarding the cleanliness of the ice machines, she stated that she expected the ice machine to be wiped down by maintenance, but going forward, kitchen staff would be checking off on cleaning the ice machines. An observation on 8/19/2025 at 10:33 am revealed R91's personal refrigerator with items including three tubs of cream cheese with expiration dates of 7/31/2025, 8/9/2025, and 8/14/2025. A foul smell was noted upon opening the refrigerator. Further observation revealed a buildup of a black substance on the tray of freezer as well as a buildup of ice-like growth surrounding items in the freezer. In an interview with R91 at this time, she stated that staff cleaned her refrigerator once a week. R91 further stated that she was bedridden and could not go to her refrigerator to look at the cleanliness of it so she relied on staff to maintain it.In an interview on 8/19/2025 at 10:45 am, the Director of Nursing (DON) stated that cleaning resident's personal refrigerators was the responsibility of housekeeping. The staff checked temperatures, expired foods, and cleaned the refrigerators. The DON stated that cleaning should be done once a week, but they also looked at it daily to check the temperatures. The DON confirmed the three containers of cream cheese were expired and removed them. The DON further confirmed the presence of black substance buildup on the tray of the freezer portion as well as the buildup of ice in the freezer.An interview on 8/19/2025 at 2:43 pm with Dietary Aide MM revealed she took the food carts and tea carts to and from the kitchen and halls. She stated she never checked the refrigerators in resident rooms and did not think kitchen staff checked them. She further stated she thought it was the responsibility of nursing.An interview on 8/19/2025 at 2:45 pm with Certified Nursing Assistant (CNA) NN revealed that CNAs had the responsibility to check for expiration dates

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record reviews, the facility failed to ensure the incentive spirometer (device to improve lung function) was properly stored in a manner to prevent contamination for one of 14 residents (R) (R60) using respiratory equipment. The deficient practice had the potential to increase the risk of respiratory infection for R60.Findings include: Review of the electronic medical record (EMR) revealed R60 was admitted to the facility with diagnosis of but not limited to chronic obstructive pulmonary disease (COPD) unspecified. Review of R60's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. During an observation on 8/19/2025 at 11:10 am and 4:55 pm revealed R60's incentive spirometer was not properly bagged while not in use. During an observation on 8/20/2025 at 9:07 am revealed R60's incentive spirometer was not properly bagged while not in use. During an observation and interview on 8/20/2025 at 9:10 am with the Unit Manager (UM) GG, they stated the incentive spirometer does not need to be properly bagged and it was okay to be on the nightstand, and they had orders for it. UM GG was asked if there were any concerns associated with the incentive spirometer being exposed regarding infection control, she stated she would have to check on that. During an interview on 8/20/2025 at 9:14 am with UM GG, she revealed she spoke with the Respiratory Therapist and confirmed the incentive spirometer was supposed to be properly bagged when not in use. Interview on 8/20/2025 at 2:43 pm with the Director of Nursing (DON) confirmed any respiratory equipment was supposed to be bagged for infection control purposes. The DON continued to state that respiratory items were supposed to be checked on by the Certified Nursing Assistant (CNA) when they conducted their rounds.