

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Fairburn Heights of Journey LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 178 West Campbellton Street Fairburn, GA 30213	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. room [ROOM NUMBER]'s drywall next to the bathroom door had deteriorated at the base of the wall.</p> <p>8. room [ROOM NUMBER]'s window blind had slats that were broken off.</p> <p>9. room [ROOM NUMBER]'s window blind appeared to be loose from the top frame of the window causing the window blind to hang down and had slats that were either broken or bent.</p> <p>10. room [ROOM NUMBER] had three tiles underneath the sink that had missing pieces of tile.</p> <p>11. room [ROOM NUMBER]'s window blind had missing slats and slats that were broken off.</p> <p>12. room [ROOM NUMBER]'s wall behind the bed closest to the door was marred and gauged behind the bed.</p> <p>13. room [ROOM NUMBER]'s free-standing closet was missing a bottom drawer. The wall behind the bed was marred and gauged. Three tiles under the sink were missing pieces of tile.</p> <p>14. room [ROOM NUMBER]'s base molding was missing from sections under the sink and around the corner next to the bathroom door.</p> <p>Observations and interviews on 6/19/2025 at 1:44 pm were completed with the facility's Maintenance Director and Regional Maintenance Director. The Regional Maintenance Director stated that he was new to the corporation and was not aware of the repair issues that was needed. The facility's Maintenance Director stated that he was aware of the issues. He confirmed that he had repaired the drywall with the white patching; however, he had not sanded the patching or repainted the wall.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observations, document review, and resident and staff interviews, the facility failed to ensure menus were prepared in advance for residents' diet orders. The facility failed to ensure menus indicated the serving size for each diet and whether each food item could be served for the diet. The failure placed all residents in the facility who receive oral meals from the kitchen at risk of nutritional problems and dissatisfaction with their meals.</p> <p>Findings include:</p> <p>During the entrance conference with the Administrator, Director of Nursing (DON), and Assistant DON (ADON), they were all asked for copies of all the weeks of the facility's menu cycle and for this week's menu the spread sheet with includes the extensions, portion size and whether the food item could be served, for each diet.</p> <p>During an interview on 6/17/2025 at 12:09 pm, the Administrator was again asked for the menus and meal extensions for this week's menu. She stated that she would get the menus.</p> <p>During an observation on 6/17/2025 at 12:06 pm of the lunch meal, all residents received beef stew, minced vegetables, a cup of ice cream, and a drink.</p> <p>During an interview on 6/17/2025 at 1:34 pm, the Administrator stated that on 6/17/2025 the dietary department oven caught fire, and dietary staff were unable to use the stove. She stated food was prepared using three induction burners and one hot plate that had two electric burners.</p> <p>During an interview on 6/17/2025 at 2:45 pm, the District Dietary Manager stated that the facility had been using the emergency menus since the fire. She provided the five weeks of menus and only provided the menu extensions for the week of the survey and only the lunch menu.</p> <p>Review of an undated Modified Diet document provided by the facility revealed the document did not identify what foods the residents would receive who were ordered diets of soft and bite sized diets, the Potassium (K+) restriction diets, the finger food diets or the reduced Sodium diets. Additionally, the document did not include what foods the residents would receive who were ordered no added salt (NAS) diets or the residents who were ordered renal (kidney) diets. The Regional Dietary Manager stated that the NAS and renal diets would receive the same meal as the regular diet.</p> <p>During an interview on 6/17/2025 at 2:45 pm, the District Dietary Manager stated that the facility had been using the emergency menus since the fire. She provided the five weeks of menus and only provided the menu extensions for the week of the survey (6/17/2025) and only the lunch menu. The District Dietary Manager also stated residents who were ordered the NAS and the renal diets would receive the same meal as the regular diet.</p> <p>Review of a document titled Three-day emergency menu from [Name of food service vendor] and provided by the facility revealed for lunch on 6/16/2025, the residents were to receive chicken and dumplings for lunch and sloppy joe sandwiches for supper.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 6/17/2025 at 9:58 am, Resident (R) 22 stated for the 6/16/2025 lunch meal, he received ravioli, a salad, and a sandwich. The resident stated he received soup for supper.</p> <p>During an interview on 6/17/2025 at 12:23 pm, R23 and R24 stated they received ravioli, a salad, and a sandwich for lunch on 6/16/2025.</p> <p>Observation and interview on 6/17/2025 at 3:11 pm in the dietary department revealed Dietary Aide (DA) 1 was preparing turkey or ham sandwiches using two slices of wheat bread. DA1 placed two pieces of meat of either turkey or ham on the bread until DA2 stated to use three pieces of meat. The Dietary Manager (DM) stated at this time, all residents would receive a ham or turkey sandwich, chips, and pasta salad for the dinner meal on this date. The DM stated the potato chips would be either plain chips or barbeque chips. Observation at this time revealed taped to the tray line was a handwritten document that indicated for the dinner meal tonight to serve turkey or ham sandwich, chips, and pasta salad. This handwritten document did not indicate how much turkey or ham to add to the sandwiches, how much pasta salad to serve, or how much chips to serve. This document did not indicate which diets would receive these food items and did not indicate the portion size for each diet.</p> <p>During an interview with the Registered Dietician (RD) on 6/18/2025 at 1:24 pm, that the RD stated the facility received all of their menus from (Name of food service vendor) and that (name of food service vendor) provided each meal for all the diets whether that food item was to be served and the portion size. The RD stated that she was aware of the stove's fire and that the facility purchased the three induction burners and one hot plate with two electric burners. The RD stated that (name of food service vendor) had a three day, a five day, and a seven-day emergency menu that indicated for each meal for all diets, whether the food item could be served and the portion size. The RD stated that (name of food service vendor) also provided the recipes and a shopping list of what to order. The RD stated that the DM only had to communicate with GFS and had the DM done that, their representative would have helped them during this emergency period.</p> <p>The Administrator was asked for the dietary policy regarding menus that will be prepared in advance and that the menus will indicate for each diet whether the food item would be served and the portion size. The policy was not provided before exit on 6/19/2025 at 5:15 pm.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on document review, staff interviews, and review of the facility's policy, the facility failed to ensure their infection control and prevention program included infection control surveillance documentation for the year 2024. This failure placed all residents at risk of the spread of infections.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Infection Surveillance dated 2/1/2024 revealed, .The purpose was to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections .</p> <p>Review of R3's undated admission Record, located in the resident's electronic medical record (EMR) under the Profile tab revealed R3 was admitted on [DATE], readmitted on [DATE], and discharged on 3/2/2025.</p> <p>Review of R3's physician Orders located in the resident's EMR under the Orders tab revealed an order dated 12/24/2024 for Cipro [an antibiotic medication] 500 milligram (MG) tablet by mouth twice a day for a urinary tract infection (UTI) for two days to start on 12/25/2024.</p> <p>Review of R3's Medication Administration Record (MAR) dated December 2024 and located in the resident's EMR under the Orders tab revealed the resident was administered the Cipro antibiotic medication as ordered on 12/25/2024 and 12/26/2024.</p> <p>Review of R3's laboratory results dated [DATE] and provided by the facility revealed the culture and sensitivity confirmed the resident had a UTI.</p> <p>Review of the facility's Infection Control Surveillance manual provident by the facility revealed the only surveillance documentation was for the months of January 2025 through June 2025. The manual did not contain any surveillance information for the year 2024.</p> <p>During an interview on 6/18/2025 at 9:41 am, the Director of Nursing (DON) confirmed that the facility was unable to locate any Infection Control surveillance for 2024.</p>		