STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115330	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delmar Gardens of Smyrna	404 King Springs Village Pkwy Smyrna, GA 30082

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility policy titled, Abuse, Neglect, and Exploitation, Freedom From, the facility failed to protect the residents' right to be free from misappropriation of property for one of eight sampled residents (R) (R1). Specifically, R1 had her bank card stolen from her handbag stored in her closet.Findings include:Review of the facility policy titled Abuse, Neglect, and Exploitation, Freedom From revised January 2019, Revised June 2021, July 2022, and September, 2022 revealed under Facility Safety Position Statement: it is the policy of [NAME] Gardens to maintain a work and living environment that is professional and residents are free from threat or occurrence of harassment , abuse (verbal, physical, mental or sexual), neglect, corporal punishment, involuntary seclusion and misappropriation of property. Under Definitions: Exploitation Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats , or coercion . Misappropriation of resident property means the deliberate misplacement , exploitation or wrongful, temporary or permanent use of a residents belonging or money without the residents' consent.Review of the clinical record revealed R1 was admitted to the facility with the diagnoses of but not limited to acute respiratory failure with hypoxia, rhabdomyolysis, polyneuropathy, unspecified, unspecified toxic encephalopathy, essential (primary) hypertension, major depressive disorder, recurrent, unspecified, primary osteoarthritis, other specified site, muscle wasting and atrophy, not elsewhere classified, right lower leg, type 2 diabetes mellitus with diabetic neuropathy, unspecified, displaced intertrochanteric fracture of right femur, sequela, dysphagia, oral phase, gastro-esophageal reflux disease without esophagitis , muscle weakness (generalized), rash and other nonspecific skin eruption, unspecified fall, subsequent encounter. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. Review of Section GG (Functional Abilities and Goals) indicates use of wheelchair, eating /oral hygiene-setup or clean-up assistance, toileting hygiene/Shower/bathe self-substantial/maximal assistance. Upper body dressing-supervision or touching assistance. Lower body dressing-partial/moderate assistance.Interview on 8/4/2025 at 12:15 pm with R1 regarding her bank card that was charged outside the facility revealed she didn't know who took the card or when it was taken. She stated that the card was in her wallet in her hand bag and the hand bag was in her closet. She stated that the card was charged in a convenience store down the road from the facility and that she has never been to that convenience store. R1 stated that she stayed in her room and did not participate in facility activities because they had nothing that interested her. She stated that she watched TV in her room. R1 revealed that the Administrator conducted an investigation and could not find out who took the card.During an interview with Administrator on 8/6/2025 at 12:22 pm, he revealed that he conducted an investigation and staff interviews which were inconclusive. He stated that the convenience store clerk provided the time and date of the purchase but could not provide the video, stating that (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	management were the only ones that could access the video. He stated that he was waiting for management to retrieve the video from the gas station to be able to identify who took the card. When asked how he planned to protect residents from loss of their property, he stated that upon admission they informed residents to keep valuables at home and if they had cash money, they had the option to open up a resident fund. He stated that the residents also had the option to place their valuable in a safe in the business office. He revealed they were waiting for the convenience store management to get the video footage regarding R1's stolen card. During the exit conference the Administrator stated that R1's card was found by a staff member in another resident's room.Findings included:Review of the facility policy titled, , Abuse, Neglect, and Exploitation, Freedom From , dated January, Revised June 2021,July, 2022 and September , 2022 revealed it is the policy of [NAME] Gardens to maintain a work and living environment that is professional and residents are free from threat or occurrence of harassment , abuse (verbal, physical, mental or sexual), neglect, corporal punishment , involuntary seclusion and misappropriation of property. Under Definitions Exploitation Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats , or coercion . Misappropriation of resident property means the deliberate misplacement , exploitation or wrongful, temporary or permanent use of a residents belonging or money without the residents' consent . Review of the clinical record revealed R1 was admitted to the facility with the diagnoses of but not limited to Acute respiratory failure with hypoxia, Rhabdomyolysis, Polyneuropathy, unspecified Unspecified toxic encephalopathy, Essential (primary) hypertension, Major depressive disorder, recurrent, unspecified, Primary osteoarthritis, other specified site, Muscle wasting and atrophy, not elsewhere classified, right lower leg, Type 2 diabetes mellitus with diabetic neuropathy, unspecified, Displaced intertrochanteric fracture of right femur, sequela, Dysphagia, oral phase, Gastro-esophageal reflux disease without esophagitis , Muscle weakness (generalized), Rash and other nonspecific skin eruption, Unspecified fall, subsequent encounter Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. Review of Section GG indicates -use of wheelchair , Eating /Oral hygiene-Setup or clean-up assistance, Toileting hygiene/Shower/bathe self-Substantial/maximal assistance. Upper body dressing-Supervision or touching assistance. Lower body dressing-Partial/moderate assistance. During an interview on 8/4/2025 at 12:15 pm with R1 regarding her bank card that was charged outside the facility. Resident revealed that she doesn't know who took the card or when it was taken. she stated that the card was in her wallet in her hand bag and the hand bag was in her closet. She stated that the card was charged in a Quick trip down the road from the facility and that she has never been to that quick trip. R1 stated that she stays in her room and does not participate in facility activities because they have nothing that interest her . she stated that she watches TV in her room. R1 stated that the administrator conducted an investigation and could not find out who took the cardDuring an interview with Administrator on 8/6/2025 at 12:22 pm he revealed that he conducted an investigation and staff interview which is inconclusive. He stated that the quick trip clerk provided the time and date of the purchase but could provide the video stating that LE are the only ones that can assess the video . He stated that he is waiting for LE to retrieve the video from the gas station to be able to identify who took the card. when asked how he plans to protect residents from loss of their property . He stated that upon admission they inform residents to keep valuable at home and if they have cash money, they have the option to open up a resident fund . He stated that the residents also have an option to place their valuable in a safe in business office. He stated that they are waiting for LE to get the footage from Quick trip regarding R1's misappropriate fund. During (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the exit conference the administrator stated that R1's card was found by a staff member in another resident's room.

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of the facility policy tilted, Abuse, Neglect, and Exploitation, Free From, the facility failed to protect residents from sexual abuse by another resident by not immediately reporting nonconsensual sexual abuse between two resident (R) (R2) and (R3).The deficient practice diminished the facility's potential to protect R2 from possible future abuse and ensure a safe environment for other residents.Findings include:A review of the facility's policy titled Abuse, Neglect, and Exploitation, Free From revealed under Facility Safety Position Statement: It is the policy of [NAME] Gardens to maintain a work and living environment that is professional and residents are free from threat or occurrence of harassment, abuse, (verbal, physical, mental or sexual), neglect, corporal punishment, involuntary seclusion and misappropriation of property. Under Definitions: Sexual abuse is nonconsensual sexual contact of any type with a resident which includes, but not limited to, sexual harassment, sexual coercion or sexual assault. Sexual contact is considered nonconsensual when the resident appears to want the contact but does not have the cognitive ability to consent, the resident does not want the contact and the resident is sedated or unconscious. Immediately-CMS (Centers For Medicare and Medicaid Services) believes reporting immediately means not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator of the facility and to other officials (including to the State Agency and Adult Protective Services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.Review of R2's Face Sheet located under the Profile tab of the electronic medical record (EMR) revealed she was admitted to the facility with diagnoses which included but not limited to Alzheimer's disease with late onset, displaced intertrochanteric fracture of left femur, sequela, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, type 2 diabetes mellitus with hyperglycemia, generalized anxiety disorder, essential (primary) hypertension, fall on same level, unspecified, subsequent encounter, need for assistance with personal care, enterocolitis due to Clostridium difficile, not specified as recurrent.Review of R2's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident has moderate cognitive impairment.A review of Nursing Notes found under the Notes tab of the EMR dated [DATE] at 10:12 pm revealed, Full body assessment completed on R2, noted redness to the groin area and buttocks, protected with barrier cream. No other findings recorded.During an interview on [DATE] at 2:10 am with R2 regarding the concern of inappropriate touch in the complaint, R2 revealed that she did not remember the incident and did not remember if she was receiving any services. R2 could not remember what she had for lunch. She came back from lunch before the interview.Review of R3 s Face Sheet located under the Profile tab of EMR revealed she was admitted to the facility with diagnoses which included but not limited to chronic obstructive pulmonary disease, unspecified, Alzheimer's disease with late onset, encounter for palliative care, pneumonia, unspecified organism, atherosclerotic heart disease of native coronary artery without angina pectoris, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, acute respiratory failure with hypoxia, dysphagia, oropharyngeal phase, unspecified conjunctivitis, poly osteoarthritis, unspecified, metabolic encephalopathy, major depressive disorder, single episode, (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	unspecified.Review of R3's quarterly MDS with an ARD of [DATE]-significant change assessment located in the MDS tab of the EMR, revealed a BIMS score of 3, which indicated the resident has severe cognitive impairment.A review of Nursing Notes found under the Notes tab of the EMR dated [DATE] at 10:44 pm revealed Observed patient (R3) touching a female resident(R2) inappropriately in her groin area. Separated resident (R3) from the female resident and implemented Psych/social monitoring for 3 days for each shift. Patients' daughter [NAME] was notified of incident. Psych PA (physician's assistant) notified as well. Completed hourly charting for 1 week and two hours charting for the second week on patient's behavior. During an interview with the Administrator on [DATE] at 12:22 pm, he revealed the facility process in reporting abuse was that staff had 2 hours to report abuse to the Administrator or any departmental head if he was not available and they would report it to him. He stated that he consulted the area [NAME] President and they made the decision if the abuse was going to be reportable. He stated that they should report abuse immediately to the state or within 2 hours of occurrence. He stated that sexual abuse between R2 and R3 occurred on [DATE]. He stated that he reported the abuse to the State on [DATE].During an interview on [DATE] at 12:45 pm with the Director of Nursing (DON), she stated that as soon as staff reported abuse to her, she reported to the Administrator and then identified what type of abuse, if the abuse was mental, emotional, or physical, and she would put in psychosocial monitoring and notify the psych Nurse Practitioner (NP), Nurse Practitioner (NP) , and Medical Director (MD), and waited for further orders. She further stated that if it was /sexual physical abuse they would complete a full body assessment. She stated staff were expected to report any kind of abuse immediately to the DON or Administrator. She stated that the facility had only a 2 hour window to report to the State. She stated that R2 ‘s BIM score was too low for her to receive therapy.Findings include:A review of the facility's policy titled Abuse, Neglect, and Exploitation , Free From It is the policy of [NAME] Gardens to maintain a work and living environment that is professional and residents are free from threat or occurrence of harassment , abuse, (verbal, physical, mental or sexual), neglect, corporal punishment involuntary seclusion and misappropriation of property. Under Definition: Sexual abuse is non consensual sexual contact of any type with a resident which includes, but not limited to, sexual harassment, sexual coercion or sexual assault . Sexual contact is considered non consensual when the resident appears to want the contact but does not have the cognitive ability to consent , the resident does not want the contact and the is sedated or unconscious . Immediately-CMS believes reporting immediately : means not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury , or not later than 24 hours if the even that cause the allegation do not involve abuse and do not result in serious bodily injury , to the administrator of the facility and to other officials (including to the State Agency and Adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures . Review of R2 s Face Sheet located under the Profile tab of the electronic medical record (EMR) revealed she was admitted to the facility initially on Initial admission [DATE] with diagnoses which included but not limited to Alzheimer's disease with late onset, Displaced intertrochanteric fracture of left femur, sequela, Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Type 2 diabetes mellitus with hyperglycemia, Generalized anxiety disorder, Essential (primary) hypertension, Insomnia, unspecified, Muscle weakness (generalized), Hyperlipidemia, unspecified, Vitamin D deficiency, unspecified, Constipation, unspecified, Fall on same level, unspecified, subsequent encounter, Personal history of urinary (tract) infections, Need for assistance with personal care, Enterocolitis due (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to Clostridium difficile, not specified as recurrent Review of R2's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS)of 9 which indicated the resident had moderate cognitive impairment. A review of Nursing Notes, found under Notes tab of EMR, [DATE] 10:12 PM revealed Full body assessment completed on R2, noted redness to the groin area and buttocks, protected with barrier cream. No other findings recorded. During an interview on [DATE] at 2:10 am with R2 regarding the concern of inappropriate touch in the complaint, R2 revealed that she does not remember the incident and does not remember if she is receiving any services . R2 could not remember what she had for lunch as she came back from lunch before the interview. Review of R3 s Face Sheet located under the Profile tab of the electronic medical record (EMR) revealed she was admitted to the facility initially on [DATE]. Status: Expired - [DATE] with diagnoses which included but not limited to Chronic obstructive pulmonary disease, unspecified, Alzheimer's disease with late onset, Encounter for palliative care, Pneumonia, unspecified organism, Atherosclerotic heart disease of native coronary artery without angina pectoris, Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Acute respiratory failure with hypoxia, Rhabdomyolysis, Dysphagia, oropharyngeal phase, Unspecified conjunctivitis, Poly osteoarthritis, unspecified, Metabolic encephalopathy, Major depressive disorder, single episode, unspecified Review of R3's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE]-significant change assessment located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS)of 3 which indicated the resident has cognitive impairment. A review of Nursing Notes, found under Notes tab of EMR, [DATE] 10:44 PM revealed observed patient (R3) touching a female resident(R2) inappropriately in her groin area. Separated resident from the female resident and implemented Psych/social monitoring for 3 days for each shift. Patients' daughter [NAME] was notified of incident. [NAME] Psych PA notified as well. Completed hourly charting for 1 week and two hours charting for the second week on patient's behavior. During an interview with Administrator on [DATE] at 12:22 pm he revealed the facility process in reporting abuse is that staff has 2 hrs to report abuse to the administrator or any departmental head if he is not available and they report to him. He stated that he consults the area vice president and they make decision if the abuse is going to be reportable. He stated that they should report abuse immediately to the state or within 2 hrs of occurrence . He stated that sexual abuse between R2 and R3 occurred in [DATE] . He stated that he reported the abuse to the state on [DATE] . During an interview on [DATE] at 12:45 pm with Director of Nursing (DON). she stated that as soon as staff report abuse to her, she reports to the administration and then identify what type abuse and if the abuse is mental/emotional /physical that she will put in psycho social monitoring and notify the psych Nurse Practitioner ((NP), Nurse Practitioner (NP) , and Medical Director (MD) and wait for further orders and if its /sexual physical abuse they will complete a full body assessment . she stated staff are expected to report any kind of abuse immediately to the DON or Administrator . she stated that the facility has only 2 hrs window to report to the state. She stated that R2 ‘s BIM is too low for her to receive therapy .