STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115350	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delmar Gardens of Gwinnett	3100 Club Drive Lawrenceville, GA 30044

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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 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 and staff interviews, the facility failed to follow the care plan for one of 33 sampled residents (R) (R4) related to oxygen (O2) therapy. In addition, the facility failed to develop a comprehensive, person-centered care plan for one of 33 sampled Rs (R55) related to Percutaneous Intravenous Centralized Catheter (PICC) line dressing.Findings include: 1. Review of the Physicians Orders for R4 documented oxygen per nasal cannula (NC) at (4) liters per minute (LPM), continuous. During an observation on 8/12/2025 at 10:18 am and 8/13/2025 at 10:26 am revealed R4's O2 concentration was set at 5 LPM. Review of the care plan revealed R4 has potential for complications of signs and symptoms related to a diagnosis of COPD, asthma, and chronic respiratory failure; R4 is O2 dependent with interventions to administer oxygen as order by Doctor of Medicine (MD). Interview on 8/14/2025 at 11:59 am with the Director of Nursing (DON) revealed she expected her staff to follow the resident care plan and when it is updated as well. 2. A review of R55's care plan last edited 8/7/2025 revealed a multi-drug-resistant organism (MDRO) and requires the use of personal protective equipment during high contact activities. EBP (enhanced barrier precautions) related to MRSA in her left lower extreme foot wound. The goal is for R55 to not exhibit complications related to MDRO multi drug resistant organism), R55 is receiving IV (intravenous) therapy and has an IV device a percutaneous intravenous central catheter (PICC) for antibiotic therapy. Approaches include change PICC line dressing every week or as ordered, change hep-lock (heparin lock) site every three days per protocol, change IV tubing every 24 hours per protocol, flush line per facility protocol, labs as ordered and report to MD, monitor site for redness, swelling, tenderness, drainage, report significant changes to MD, use sterile technique for dressing change as ordered. Review of Physician orders include but not limited to dressing change to PICC line site every 7 days and as needed if soiled or loose on Wednesdays Maintain contact precautions for MRSA in LLE (left lower extremity) wound, don (put on) gown and gloves for all care, wear eye protection if splash anticipated, perform hand hygiene before and after all care/contact. Flush Non-valved PIC line, Flush with 10 ml Normal Saline, 5 ml Hep Lock solution. (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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Delmar Gardens of Gwinnett	3100 Club Drive Lawrenceville, GA 30044

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 1:23pm 8/12/2025 an observation of the date on R55's one lumen PICC line dressing revealed the date of 7/23/2025 written in green. Interview on 8/13/2025 at 3:20 pm with the DON revealed that her expectation of nurses was that PICC line dressings were to be changed every seven days. [Cross Reference - F695]

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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 observations, resident and staff interviews, record review, and review of the facility's policies titled, 'Name of Facility' Infusion Policy and Procedure Manual-Midline/Central Line Dressing Change and Physician Orders, Following, the facility failed to ensure physician orders were followed for two of 33 sampled residents (R) (R55 and R6). The deficient practice had the potential for R55 and R6 to experience medical complications. Findings include: Review of the facility's policy titled 'Name of Facility' Infusion Policy and Procedure Manual- Midline/Central Line Dressing Change last revised June 2023 revealed under Considerations: .4) Gauze dressings are changed every 2 days. 5) Transparent semi-permeable membrane (TSM) dressing is changed every 5 to 7 days. Review of the policy titled Physician Orders, Following effective date June 29, 2021, revealed under Purpose: It is the policy of the community to ensure that all Licensed Professional Nurses (RN/LPN/LVN) and other Healthcare Professionals, follow Physician Orders in accordance to State, Federal regulations and their respective practice acts. 1. All Physician orders will be followed as prescribed and if not followed, the reason shall be documented in the resident's medical record. 2. If an order is questionable according to the seven Rights of Medication Administration, a clarification order will be obtained. 3. All physician or other healthcare professional's verbal, telephone or written orders will be immediately entered in the EHR (electronic health record) by the nurse obtaining the order. 1. Review of the electronic medical record (EMR) revealed R55 was admitted with diagnoses of but not limited to nonhealing wound on left ankle with cellulitis to left ankle which failed outpatient antibiotics, percutaneous intravenous central catheter insertion, history of coronary artery disease, sick sinus syndrome with dual chamber pacemaker, hypertension, diabetes mellitus type 2 on insulin, and tested positive for methicillin resistance staphylococcus aureus (MRSA). Review of the most recent Quarterly Minimal Data Set (MDS) assessment dated [DATE] for R55, Section C (Cognitive Assessment) indicates a Brief Interview for Mental Status (BIMS) score of 14, indicating that R55 is cognitively intact, Section H (Bladder and Bowel), indicated the resident is always incontinent of bowel and bladder and she has not been tried on a trial of a toileting program, Section K (Swallowing/Nutrition Status), indicated that R55 is on a mechanically altered diet and is on a therapeutic diet. In section M (Skin Conditions, indicated that R55 has other skin/foot problems including an infection of the foot. Review of R55's care plan last edited 8/7/2025 revealed R55 has a multi-drug-resistant organism (MDRO) and requires the use of personal protective equipment (PPE) during high contact activities. EBP (enhanced barrier perecautions) related to MRSA in her left lower extreme foot wound. The goal is for R55 to not exhibit complications related to MDRO, R55 is receiving IV (intravenous) therapy and has an IV device, a percutaneous intravenous central catheter (PICC) for antibiotic therapy. Approaches include Change dressing every week or as ordered, change hep lock site every three days per protocol, change IV tubing every 24 hours per protocol, flush line per facility protocol, labs as ordered and report to MD (physician), monitor site for redness, swelling, tenderness, drainage, report significant changes to MD, use sterile technique for dressing change as ordered. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Physician orders include but not limited to the following: Allergies include penicillins and Sulfa drugs. Ceftriaxone recon soln (solution); 2 grams (gm) in 50 ml (milliliters) of normal saline give IV over 30 minutes daily via PICC LINE. insulin glargine solution 17 units (u) subcutaneous at bedtime. Vancomycin-diluent combo piggyback; 1 gram/200 ml of normal saline via midline once every evening med pass. Regular diet with chopped proteins. Dressing change to PICC line site every 7 days and as needed if soiled or loose on Wednesdays Maintain contact precautions for MRSA in LLE (left lower extremity) wound, don (put on) gown and gloves for all care, wear eye protection if splash anticipated, perform hand hygiene before and after all care/contact. Flush Non-valved PICC line, Flush with 10 ml Normal Saline (NS), 5 ml Hep Lock solution daily. Observation on 8/12/2025 at 1:23 pm of the date on R55's one lumen PICC line dressing read 7/23/2025. Review of a Nursing Progress Note dated 8/12/2025 at 10:47 pm for R55 revealed that Dressing change to R (right)-single lumen PICC completed. Site without s/s (signs/sympytoms) of infection at this time. Dressing clean, dry, and intact. Line aspirated and flushing well. Resident tolerated. Observation on 8/13/2025 at 9:00 am of the date on R55's one lumen PICC line dressing read 8/12/2025. Interview on 8/13/2025 at 9:40 am with Licensed Practical Nurse (LPN) BB revealed that only registered nurses could change the PICC line dressing and remove a PICC line. LPNs can only infuse medication other than IV push medication. LPN BB also confirmed that the order for the PICC line dressing stated that the dressing was to be changed every 7 days on Wednesdays. Observation on 8/13/2025 at 1:34 pm of R55's IV tubing revealed that there was no cap on the end of the tubing, and the tubing was hanging over the IV pole. LPN BB revealed that she always used a new tubing for every infusion and was not aware of the policy on how long to use the tubing. Interview on 8/13/2025 at 2:40 pm with Registered Nurse (RN) CC, Unit Manager revealed that only RNs could perform PICC line dressings and that there was usually an RN in the building when a dressing needed to be changed. She was not aware that R55's PICC line dressing was dated 7/23/2025 yesterday. Interview on 8/13/2025 at 3:20 pm with the Director of Nursing (DON) revealed that her expectation of her nurses was that they performed PICC line dressings and all treatments per facility policy. She was aware that R55's PICC line dressing was dated 7/23/2025 yesterday and that the RN last night changed the dressing. The DON confirmed that according to facility policy, PICC line dressings were to be changed every seven days, the order stated every seven days on Wednesday and as needed for leakage or soiling. Observation on 8/14/2025 at 10:10 am of R55's IV Rocephin infusing, revealed that at the end of infusion, LPN BB was observed flushing R55's PICC line and she used 10 ml of NS normal saline) only, no heparin flush was used. The physician order called for a 5 ml heparin flush. LPN BB confirmed that she only flushed the PICC line with NS. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 8/14/2025 at 10:12 am with the DON confirmed while we both looked at the PICC line flush order, that 5 ml of heparin was also to be used to flush R55's PICC line. The DON stated that they never used heparin anymore to flush PICC lines. 2. Review of the EMR revealed R6 was admitted to the facility with pertinent diagnoses including but not limited to muscle weakness (generalized), difficulty in walking, not elsewhere classified, other abnormalities of gait and mobility, abnormal posture, repeated falls, unspecified sprain of right shoulder joint, initial encounter, left lower leg, initial encounter, and restless legs syndrome. Review of R6's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, which indicates R6 was cognitively intact. Section GG, Functional Status, revealed R6 benefits from the use of a wheelchair, requires supervision or touching assistance with toileting hygiene, for mobility requires supervision or touching assistance with roll left to right, sit to lying, lying to sitting, chair/bed to chair transfer, toilet transfer, she requires partial moderate assistance sit to stand and tub/shower. Review of R6's care plan dated 11/27/2024 indicated a problem of Category: Pressure Ulcer/Injury R6 is at risk for pressure ulcers related to incontinence of bowel/bladder, decreased mobility, dx (diagnosis) of DM (diabetes mellitus) II. R6 has chronic, non-healing wound to right shin and laceration to right dorsal foot. She has episodes of frequently digging her nails into wound/removing dressing increasing her risk for infection and prolonging wound healing. R6 has a wound to left dorsal toe. R6 has a wound to right shin. R6 has a wound to her right dorsal foot. 6/22/25 Refused dressing changes to bi-lateral lower extremities wih [sic] several attempts made. Goals included but not limited to Left shin will be healed by next review, Right dorsal foot wound will be healed by next review and Right shin wound will show s/sx (signs/symptoms) of healing AEB (as evidenced by) decrease in surface area by next review. Interventions included but not limited to preventive mattress. Review of R6's care plan dated 11/27/2024 indicated a problem Category: Falls R6 has hx (history) of multiple falls. She is at risk for further falls and injury r/t (related to) decreased mobility, dx of narcolepsy, use of narcotic analgesics, poor safety awareness. She has BIMs of 15 and does not call for assistance with transferring and scoots herself to the edge of the bed and frequently slides off. 11-26-24-Observed on floor next to bed. 4-28-25-Fall without injury. 5-8-25-Fall without injury. 5-31-2025-Actual fall. 7-16-25-Actual fall. 8-9-25-Actual fall. Goals included but not limited to R6 will not have any fall related injury through next review. Interventions included but not limited to 1. Observed on the floor upon rounds. stated she fell asleep while sitting in her w/c (wheelchair) and fell forward. 2. Initiate neurological checks. 3. Encourage resident to lay down and take naps. 4. Therapy, Floor Matts bedside residents bed, Ensure call light is in reach and educate on the use of the call light, if indicated, Deep perimeter defining mattress. Review of the Physician's Orders for R6 included but was not limited to: Order dated for 9/13/2024 order description documented Deep Perimeter Defining Mattress. Observation and interview on 8/12/2025 at 11:10 am with R6 revealed a larger sized mattress that was raised higher on the outer perimeter of the bed while the inner perimeter was lowered, covered by a fitted bed sheet. Interview revealed she had spoken to the Social Worker about going back to a regular mattress multiple times, but nothing had been done. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 8/14/2025 at 11:42 am with Social Services (SS) revealed R6 was a fall risk and used to have a wing mattress but she was alert and oriented and revealed she addressed it with a note in the system on 8/13/2025. SS was asked about an assessment to see if that was completed the first time she requested a new mattress and stated the first time R6 asked was only a couple of days ago, but was unable to recall the date and unable to recall if a note was written in the system or if an assessment was completed. She stated she let nursing know during the morning meetings or the PAR (care plan) meeting but not to any nurse in particular. SS revealed she did not write a note but when she saw R6 yesterday [8/13/2025] going outside, she spoke to her about the mattress and explained the safety issues of no longer having a wing mattress. When SS was asked about the order for the wing mattress, she revealed she was unsure if there had to be an order for the wing mattress. SS further revealed the wing mattress was replaced with a regular mattress after R6 and her son were explained the risk(s) of not having the wing mattress and both chose to have the regular mattress instead of the wing mattress. SS revealed her process once switching out the wing mattress for a regular mattress was that she would keep checking in on her to see how she was doing with the regular mattress. When asked what would SS check for, there were no defined terms of what checking in on R6 meant. An interview on 8/14/2025 at 12:07 pm with the Director of Nursing (DON) revealed switching out the mattress did not require an order because it was a safety intervention. When the DON was shown the order for the special mattress, the DON confirmed the facility should have called the doctor and spoke with the doctor about switching out the mattress.

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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 Administration, the facility failed to deliver oxygen (O2) per physician order for one of 4 residents (R) (R4) receiving O2 therapy. The deficient practice had the potential to cause respiratory distress.Findings include:Review of the facility policy titled Oxygen Administration dated July 2016 revealed under Note: You must have a physician's order to apply oxygen.Under ADMINISTRATION OF CANNULA: .5. Adjust flow to ordered rate. Review of the electronic medical record (EMR) for R4 revealed she was admitted to the facility with diagnoses including chronic obstructive pulmonary disease (COPD) (airflow blockage and breathing problems), asthma, and chronic respiratory failure (insufficient oxygen),and unspecified whether with hypoxia (lack of oxygen supply) or hypercapnia (increase in carbon dioxide). Review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R4 had a Brief Interview of Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. Further review documented in Section O (Special Therapy) revealed R4 receives oxygen therapy.Review of the care plan revealed R4 has potential for complications of signs and symptoms related to a diagnosis of COPD, asthma, and chronic respiratory failure; R4 is O2 dependent with interventions to administer oxygen as order by Doctor of Medicine (MD). Review of the Physicians Orders documented oxygen per nasal cannula (NC) at (4) liters per minute (LPM) continuous.During an observation on 8/12/2025 at 10:18 am and 8/13/2025 at 10:26 am revealed R4 O2 concentrator was set at 5 LPM.During an observation and interview on 8/13/2025 at 10:32 am with Certified Medication Aide (CMA) AA confirmed R4's O2 flow rate was set at 5 LPM and stated it was not correct and should be set at 4 LPM. She continued to state the nurses at night were supposed to check the O2 concentrator every shift to ensure it is set at the correct level. During an interview on 8/14/2025 at 11:19 am with the Director of Nursing (DON) revealed she believed R4's roommate was manipulating her O2 levels, and they would proceed with moving R4 into a different room. [Cross Reference - F656]

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and staff interview, and review of the Payroll-Based Journal (PBJ) Staffing Data [NAME] Report 1705D Fiscal Year (FY) Quarter 2 (January 1 - March 31), the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week for three days in February 2025, and one day in March 2025.Findings include:Review of the most recent PBJ Staffing Data Report CASPER Report 1705D FY Quarter 1 2024 (January 1 - March 31) revealed the facility triggered for No RN Hours which indicated four or more days within the Quarter with no RN hours for the following dates: 2/1/2025, 2/15/2025, 2/16/2025, and 3/1/2025.Review of the payroll Employee Timecards, revealed Registered Nurse (RN) CC worked on 2/15/2025 for (6.0 hours), 2/1/2025 (0.00 hours), 2/16/2205 (0.00 hours), and 3/1/2025 (0.00 hours).Review of the Daily Staffing Schedule dated 2/1/2025, 2/16/2025, and 3/1/2025 revealed there were no RNs scheduled for 1st, 2nd, or 3rd shift.Review of the Facility Two-Week Staffing Grid for 2/1/2025 through 2/15/2025, 2/16/2025 through 2/28/2025, and 3/1/2025 through 3/15/2025 revealed no RN hours.Interview on 8/14/2025 at 11:09 am with the Director of Nursing (DON) revealed their process was to have an on-call nurse 24/7 and a nurse that was expected to come into the facility. The DON continued to confirm there were no RNs on the days listed. They used their portal to hire four nurses to come into the facility to fulfill those shifts and none of those nurses showed up.