

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Ross Memorial Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1780 Old Highway 41 Kennesaw, GA 30152	

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interviews, record review, and review of the facility policies titled, Notification of Change and Resident's Right Regarding Treatment and Advanced Directive, the facility failed to obtain consent/permission from the responsible party (RP) to change insurance provider for one of 51 sampled residents (R) (R7). Findings include: Review of facility's policy titled Notification of Change dated November 2022 and revised August 2024, indicated under Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. Under Additional considerations. Review of facility's policy titled Resident's right regarding treatment and advanced directive dated March 2022 and revised October 2024 indicated under Policy Explanation and Compliance Guidelines: .5. The facility will identify or arrange for an appropriate a representative for the resident to serve as primary decision maker if the resident is assessed as unable to make relative health care decisions. 6. The facility would define and clarify medical issues and present them to the residents or legal representatives as appropriate. Review of electronic medical record (EMR) revealed that there were no documented conversations between staff and the RP for R7 regarding a change to Medicare. Review of R7's EMR revealed that there was a copy of the guardianship order uploaded to the record. Interview on 7/17/2025 with the Business Office Manager (BOM) revealed that she was familiar with the situation regarding R7 insurance enrollment with Medicare and admitted that his legal guardian was not notified. She revealed that the admission assistant made the change without notifying or obtaining permission from R7's legal guardian/RP.

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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