



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000571</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY GARDENS ASSISTED LIVING AND MEMORY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>138 GATEWAY LANE BETHLEHEM, GA 30620</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
	<p>discharged with diagnosis of closed odontoid fracture with type II morphology.</p> <p>A review of the file for Staff C, hired 7/28/2021, showed on 9/28/2021, an employee disciplinary action form that failed to follow policy by not conducting rounds during shift and was unaware that a resident had fell.</p> <p>A review of the facility work time sheet showed on 9/27/2021 that Staff B worked during the 10:45 p.m. to 7:30 a.m. shift.</p> <p>A review of the facility work schedule showed on 9/27/2021, that Staff B and Staff C worked during the 7:00 p.m. to 7:00 a.m. shift.</p> <p>During an interview on 11/12/2021, AA stated on 9/28/2021, Resident #7 broke his/her neck and had a gash on his/her head. AA stated Resident #7 passed away on 10/9/2021.</p> <p>During an interview on 11/30/2021 at 4:16 p.m., BB stated that Resident #7 fell and broke his/her neck and passed away a few days later.</p> <p>During an interview on 12/9/2021, Staff A stated that Staff C was reprimanded as a result of not conducting resident checks during rounds on 9/28/2021.</p> <p>During an interview on 12/16/2021 at 9:22 a.m., Staff A stated he/she was aware of the findings.</p>		

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{L 2101} SS= D	<p>&gt;&gt;&gt;&gt;Based on record review and interview, the facility failed to ensure that the meals meet the general requirements for nutrition adjusted for age, sex, and activity, currently found in the Recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences for 3 of 7 sampled residents (Resident #3, Resident # 4, and Resident #5). Findings include:</p> <p>During a tour of the facility on 11/19/2021 at 4:45 p.m., residents were observed eating pepperoni pizza, salad, and drinking tea or pink lemonade.</p> <p>A review of the facility menu showed on November 19, 2021, the following for dinner.</p> <p>Vegetable Beef Soup Grilled cheese sandwich Onion Rings Smoked Maple Bourbon Praline Ice Cream Beverage of choice</p> <p>During an interview on 11/19/2021 at 3:43 p.m., Resident #4 stated that he/she received three meals but sometimes he/she was hungry after eating those meals.</p> <p>During an interview on 11/19/2021 at 3:53 p.m., Resident #3 stated the meals were not given to residents according to their diets.</p> <p>During an interview on 11/19/2021 at 4:10 p.m., Resident #5 stated that he/she has a diagnosis of diabetes. Resident #5 stated that sometimes the facility has served him/her foods according to his/her diet.</p> <p>During an interview on 11/23/2021 at 1:22 p.m., BB stated diabetics were getting the same meals as non-diabetic residents. BB stated that no dietician and nutritionist work at the facility.</p> <p>During an interview on 12/16/2021 at 9:22 a.m., Staff A stated he/she was aware of the findings.</p>		

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{L 3003} SS= D	<p>&gt;&gt;&gt;&gt;Based on record review and staff interview, the facility failed to report to the Department the abuse of any serious incident to a resident that required medical attention for 1 of 7 sampled residents (Resident #7). Findings include:</p> <p>A review of the file for Resident #7, admitted 8/30/2021, showed diagnoses of anxiety, dementia, hypertension, diabetes, hypothyroid, and hyperlipemia.</p> <p>A review of the Department's incident report log showed no incident report dated on 9/28/2021 involving Resident #7.</p> <p>A review of the facility incident reports showed on 9/28/2021 at 3:33 a.m. that Resident #7 had an unwitnessed fall in his/her room that resulted in an injury to the skin, right upper arm, and head. Staff B found the resident with his/her face down bleeding from his/her forehead. Resident #7 stated that his/her right arm might be broken. The resident was lying down between the dresser and bed. Staff B took the vitals of the resident and called 911. The resident was transported to the hospital.</p> <p>A review of the hospital history report showed that Resident #7 was admitted into the hospital on 9/28/2021 at 5:13 a.m. The resident fell and was transported to the hospital by (EMS) emergency medical services from the facility. The resident had an unwitnessed fall. The resident could not remember the fall. Resident #7 was discharged with diagnosis of closed odontoid fracture with type II morphology.</p> <p>During an interview on 11/12/2021, AA stated that Resident #7 walked into another resident's room around 2:00 a.m. and fell. AA stated Resident #7 broke his/her neck and had a gash on his/her head.</p> <p>During an interview on 11/30/2021 at 4:16 p.m., BB stated that Resident #7 fell and broke his/her neck and went to the hospital.</p>		

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	<p>During an interview on 12/16/2021 at 9:22 a.m., Staff A stated he/she was aware he/she did not report the incident to the department.</p>		