

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/11/2018
NAME OF PROVIDER OR SUPPLIER TOWNE CLUB WINDERMERE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3950 TOWNE CLUB PARKWAY CUMMING, GA 30041	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>residents receive training within the first 60 days of employment which includes the following: ...</p> <p>(b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>> Based on record review and staff interview, the facility failed to ensure staff had current certification in cardiopulmonary resuscitation (CPR) within the first 60 days of employment for 1 of 4 sampled staff (Staff A). Findings include:</p> <p>Record review of the file for Staff A, hired 11/15/17, showed no evidence of CPR certification.</p> <p>During an interview at 4:20 p.m., Staff A said that he/she did not have certification in CPR, but would be certified as soon as he/she could.</p>		

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NAME OF PROVIDER OR SUPPLIER TOWNE CLUB WINDERMERE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3950 TOWNE CLUB PARKWAY CUMMING, GA 30041	
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{L 000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate self reported incident # GA00188528. No rule violation was cited as a result of this investigation.</p>		

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{L 000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to increase the facility capacity and to complete a compliance inspection. No rule violations were cited as a result of this inspection.</p>		

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{L 000}	Initial Comments. >>>>The purpose of this visit was to conduct the annual inspection.		
{L 0905} SS= D	111-8-63-.09(3)(a) Training. Initial Training for Staff Providing Hands-On Personal Services. In addition to the initial training required of all staff in paragraph (2) above, the administrator must ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which includes the following: (a) current certification in emergency first aid except where the staff person is a currently licensed health care professional; ... This REQUIREMENT is not met as evidenced by: >>>> Based on record review and staff interview, the facility failed to ensure staff had current certification in emergency first aid training within the first 60 days of employment for 1 of 4 sampled staff (Staff A). Findings include: Record review of the file for Staff A, hired 11/15/17, showed no evidence of first aid certification. During an interview at 4:20 p.m., Staff A said that he/she did not have certification in first aid, but would be certified as soon as he/she could.		
{L 0906} SS= D	111-8-63-.09(3)(b) Training. [The] administrator must ensure that staff hired to provide hands-on personal services to		

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NAME OF PROVIDER OR SUPPLIER TOWNE CLUB WINDERMERE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3950 TOWNE CLUB PARKWAY CUMMING, GA 30041	
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{L 000}	<p>Initial Comments.</p> <p>>>>> Based on a review of documentation submitted by the facility, the violations cited at the 4/11/18 relicensure inspection have been corrected.</p>		

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{L 0000}	>>>>The purpose of this review is to monitor COVID 19 cases and assess infection control processes.		

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