

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 02/14/2024
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	Initial Comments. >>>>The purpose of this visit was to investigate intake #GA00243095. No rule violations were cited as a result of this inspection.	L 000			

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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:
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)		
ASR3 0000	<p>0000 - Initial Comments.</p> <p>The purpose of this survey was conduct a compliance inspection and investigate #GA50001107 and #GA50002280. The onsite visit was on 3/28/25.</p>		
<p>111-8-63-.09(3)(a) ASR3 0905 SS=D</p>	<p>0905 - Init Trng for Staff Prov. Hands-On Pers Svcs.</p> <p>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; ...</p> <p>This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to ensure that staff had a current certification in emergency first aid.</p> <p>A review of the file for Staff F, hired 6/1/24, showed no current training in first aid.</p> <p>During an interview on 4/2/2025, Staff B stated that Staff F did not have current training in first aid, but the staff has been scheduled for the training.</p>		
<p>111-8-63-.09(3)(b) ASR3 0906 SS=D</p>	<p>0906 - Init Trng for Staff Prov. Hands-On Pers Svcs.</p> <p>[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: ... (b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency; ...</p> <p>This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to ensure that staff had a current certification in (CPR) cardiopulmonary resuscitation.</p> <p>A review of the file for Staff F, hired 6/1/24, showed no current training in cardiopulmonary resuscitation.</p> <p>During an interview on 4/2/2025, Staff B stated did not have the training in cardiopulmonary resuscitation., but the staff has been scheduled for training.</p>		

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:
NAME OF PROVIDER OR SUPPLIER TOWNE CLUB WINDERMERE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3950 TOWNE CLUB PARKWAY CUMMING GA 30041	
111-8-63-.17(3)(g) ASR3 1709 SS=D	<p>1709 - Written Care Plan.</p> <p>The care plan must include the following: ... (g) evidence of the care plan being updated at least annually and more frequently where the needs of the resident change substantially or the resident is assigned to a memory care center.</p> <p>This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to provide evidence of the care plan being updated at least annually.</p> <p>A review of the care plan for Resident # 2, admitted 12/27/21, showed a date of 2/06/2024.</p> <p>During an interview on 4/2/2025, Staff B stated that he/she was unaware that the care plan for Resident #2 was not updated.</p>		
111-8-63-.19(1)(d)8. ASR3 1935 SS=D	<p>1935 - Individual Written Care Plan and Reviews.</p> <p>Individual Written Care Plan and Reviews. The resident's written care plan will be developed or updated by staff with at least one member of the specialized memory care staff providing direct care participating. Input from each shift of direct care staff that provides care to the resident will be requested. All team members participating shall sign the written care plan and the plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of care to the resident. The resident's family shall participate in the development of the plan, if possible, with incorporation of family and personal history to support a person-centered approach to care. The written care plan must be reviewed at least quarterly and modified as changes in the resident's needs occur.</p> <p>This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to review the care plan at least quarterly.</p> <p>A review of file for Resident #1 showed that he/she lived in the memory care unit.</p> <p>A review of the current care plan for Resident #1, admitted 7/23/24 showed a date of 8/02/2024.</p> <p>During an interview on 4/2/2025, Staff B stated that he/she was unaware that the care plan for Resident #1 needed to be updated.</p>		

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:
NAME OF PROVIDER OR SUPPLIER TOWNE CLUB WINDERMERE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3950 TOWNE CLUB PARKWAY CUMMING GA 30041	
111-8-63-.21(7) ASR3 2111 SS=D	<p>2111 - Emergency Food Supply.</p> <p>Emergency Food Supply. A 3-day supply of non-perishable dry or canned foods and water, must be on hand at all times in the assisted living community for emergency use. The quantity of food required to be stored must be based on the usual resident census. The food must be kept in sealed containers which are labeled and dated. The food must be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation must also be stored.</p> <p>This RULE is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to rotate food in accordance with shelf life to ensure safety.</p> <p>During a tour of the facility on 3/28/25 at 3:22 p.m., showed expired canned food goods with a used by dated of 9/1/23.</p> <p>During an interview on 3/28/25, Staff B stated that the chief was in the processing of disposing of the food.</p>		

Towne Club Windermere – Plan of Correction

Tag 1: 111-8-63-.09(3)(a)

Attached you will find a copy of completed First Aid training for Staff: F & B.

*Initial training for Staff providing hands on personal services will receive training within the first 60 days of employment including current certification in emergency first aid.

Tag 2: 111-8-63-. (3)(b)

Attached you will find a copy of a completed Cardiopulmonary Resuscitation training for Staff: F & B.

*Initial training for Staff providing hands on personal services will receive training within the first 60 days of employment including current certification in Cardiopulmonary Resuscitation.

Tag 3: 111-8-63-.17(3)(g)

Attached you will find the updated care plan resident #2. Going forward we complete all Care Plans within the guidelines established by DCH.

*The resident care plan will be reviewed and updated annually or in a change of condition according to the DCH guidelines.

Tag 4: 111-8-63-.19(1) (d)8.

Attached you will find the updated care plan resident #1. Going forward we will complete all Care Plans “Quarterly” within the guidelines established by DCH.

*The memory care resident care plan will be updated with the input of staff members providing direct care to the resident.

Tag 5: 111-8-63-.21(7)

Inventory completed on all Emergency Food Supply. Expired canned food goods (one can dated 09/01/2023) were removed at the time of the inspection. The food will be rotated in accordance with the shelf life to ensure safety and palatability.