

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH009209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARC AT DULUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3315 PEACHTREE INDUSTRIAL BLVD DULUTH, GA 30096</b>
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(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
A 000	Opening Comments.  >>>>The purpose of this visit was to investigate intake #GA00239504 and conduct the compliance inspection. An on-site visit was made to the facility on 10/4/23. The investigation started on 9/28/23 and was completed on 10/5/23.	A 000		
A1314 SS=D	111-8-62-.13(6) Physical Plant Health and Safety Standards.  Floors, walls, and ceilings must be kept clean and in good repair.  This RULE is not met as evidenced by: >>>>Based on observation and interview, the facility failed to keep floors clean and in good repair. Findings include:  During a tour on 10/4/2023 from 12:08 p.m to 12:49 p.m.; the carpet in Resident #1 and Resident #3 bedrooms were stained in various areas.  During an interview on 10/4/2023 at 3:15 p.m; Staff E stated that he/she would complete a request that Resident #1 and Resident #3 bedroom carpet get professionally cleaned.	A1314		
A2116 SS=D	111-8-62-.21(11) Nutrition.  A home must arrange for special therapeutic diets as prescribed by the resident's physician, advance practice registered nurse or physician's assistant. Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 31-12-.3.	A2116		

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

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A2116	<p>Continued From page 1</p> <p>This RULE is not met as evidenced by: &gt;&gt;&gt;&gt;Based on observations, record reviews, and interview, the facility failed to arrange for special therapeutic diets as prescribed by the resident's physician. Findings include:</p> <p>During a tour of the facility's main kitchen on 10/4/23 at 10:45 am., observation of the facility's main kitchen located on the third floor showed no dietary restriction instructions for residents.</p> <p>During a tour on 10/4/23 at 12:10 p.m. of the facility's second floor serving area, observation of the dietary picture board showed Resident #1 had mechanical soft dietary restriction, Resident #2 had no added salt, and Resident #3 had no dietary restrictions.</p> <p>During a tour on 10/4/23 at 12:10 p.m., Resident #1 observed eating a chicken salad sandwich that contained a sliced tomato. Resident #2 observed eating a turkey and cheese sandwich, a bowl of soup, and potato chips.</p> <p>A review of the file for Resident #1 admitted on 7/28/21 with diagnoses hypertension and hypothyroidism. A review of Resident #1 physician's evaluation (PE) dated 3/31/23 showed mechanical soft, small portions for resident dietary instruction. Resident #1 file showed no documentation of an updated dietary order.</p> <p>A review of the file for Resident #2 admitted on 3/17/23 with diagnosis of acute metabolic encephalopathy. PE dated 3/11/23 showed cardiac diet for Resident #2 dietary instruction.</p> <p>A review of the file for Resident #3 admitted on 11/9/17 with diagnoses of hypertension,</p>	A2116		

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A2116	<p>Continued From page 2</p> <p>hyperlipidemia, hypothyroidism, history of colon cancer, history of cerebral infarction, Alzheimer's dementia, and Parkinson's disease. A review of Resident # PE dated 11/9/17, showed no added salt for resident dietary instruction. A review of Resident #3 individualized service plan (ISP) dated 12/23/22 showed no dietary restriction noted.</p> <p>During an interview on 10/4/23 at 10:45 a.m., Staff C stated he/she was unaware of any resident with a dietary restriction. Staff C stated all meals were prepared in the main kitchen and transported in a heated cabinet to the second floor serving area where staff served meals to the residents.</p> <p>During an interview on 10/4/23 at 10:50 a.m., Staff B stated he/she was unaware of any resident with a dietary restriction.</p> <p>During an interview on 10/4/23 at 11:30 a.m., Staff E stated residents' meals were prepared in the facility's main kitchen on the third floor and delivered to the serving kitchen on the second floor. Staff E stated he/she verbally communicated residents' dietary restriction to Staff B and Staff C. Staff E stated residents with dietary restrictions pictures were not posted or stored in the main kitchen.</p>	A2116		

## Response to Survey Report

This Plan of Correction will be completed no later than 1/5/2024

POC

### TAG A1314 Physical Plant Health and Safety Standards

- Facility has completed a visual audit of all PCH apartments to identify any further flooring needing to be cleaned. All carpets identified at the time were professionally cleaned by an outside vendor. Apartments for Residents #1 and #3 were professionally cleaned 10/9/2023 by an outside vendor.
- The community will maintain a quarterly schedule of carpets to clean, therefore maintain a regular schedule of cleanings.
- The facility will purchase a carpet cleaning machine to maintain on premises for spot cleaning to be performed by the Housekeeping/ Maintenance department.
- Personal Care staff to assist with identification of soiled carpet and instructed to notify management.
- Building Maintenance Director will monitor the floors, walls, and ceilings for cleanliness and good repair.

### TAG A2116 Nutrition

- Physician order for resident #1 has been changed from mechanical soft to regular diet since survey.
- Reviewed and audited all resident's diet orders.
- Individual Service Plans will be updated to reflect specialized diets, No added Salt, and No Concentrated Sweets.
- Continue to maintain Resident picture board with individual diets listed. This board will be kept in the PCH kitchen in the view of the dining servers.
- An updated list of residents on specialized diets will be maintained in the main kitchen. The designated area will be posted by the Dining Manager or Chef. Dining Manager and Chef will educate staff on location of board.
- Residents will continue to have a choice of preferences. Staff will continue to encourage residents to make dietary decisions based on physician order.



November 17, 2023

Yania Bautista, General Manager  
Parc At Duluth  
3315 Peachtree Industrial Blvd  
Duluth, GA 30096

Dear Ms. Bautista:

### Report of Most Recent Survey

On October 5, 2023, staff from the Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program, completed a survey of Parc At Duluth, located at 3315 Peachtree Industrial Blvd, Duluth, Georgia. Based on the survey findings, two (2) violations of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, were cited. Attached is a copy of the Survey Report. Please note that the survey findings are subject to supervisory review. Any violations cited may be deleted, corrected and/or additional violations can be cited based on that review. Any revisions of the survey report will be sent under separate cover.

### Notice to Correct Violations / Enforcement Action

Pursuant to the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, and the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

### Plan of Correction (POC)

If violations are cited on this survey report, a POC must be developed and written within ten (10) days of receipt of this letter. The date by which corrections must be completed shall be no later than thirty (30) days from the date of the survey. **Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. You will not receive a response from the Department as to whether the POC is acceptable or unacceptable. The POC will be reviewed along with the follow up inspection, as necessary.**

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

### Statement of Disagreement

If the administrator/on-site manager disagrees with any of the deficiencies cited in this report, he/she may send a written statement of disagreement to the Regional Director to be reviewed. This must



Ms. Bautista  
November 17, 2023  
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be submitted within ten (10) days of receipt of this letter and must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. This statement will be separate from the plan of correction.

### **Posting of the Inspection Report**

The Personal Care Home Rules and Regulations require that all survey reports must be displayed in a conspicuous place on the premises. The attached survey report will be on file and will be available online at <https://forms.dch.georgia.gov/HFRD/>.

If you have any questions or if you would like to file a facility reported incident please use the following link: [https://forms.dch.georgia.gov/HFRD/HFR\\_Complaint\\_Form.htm](https://forms.dch.georgia.gov/HFRD/HFR_Complaint_Form.htm)

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

*Sammy Foster*

Sammy Foster , Regional Director  
Personal Care Home Program  
Healthcare Facility Regulation Division

Attachment

cc: Facility File