

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000658	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2021
NAME OF PROVIDER OR SUPPLIER TERRACES AT PEACHTREE HILLS PLACE AL, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 229 PEACHTREE HILLS AVENUE ATLANTA, GA 30305	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>his/her diagnoses was "laceration of left upper extremity with complication". Further review of the 9/11/2021 hospital discharge paper for Resident #5, showed that his/her laceration was "repaired with stiches".</p> <p>During an interview at 3:30 p.m., Staff A stated that the Department was not notified of the 9/10/21, because the resident did not sustained serious injury.</p> <p>Re: L 1801</p> <p>At the Terraces at Peachtree Hills Place, the safety and wellbeing of our members is our top priority. Having measures in place to reduce the risk of elopement is crucial to our safety plan.</p> <p>Following an elopement incident in which the member was found asleep and unharmed in another room, door alarms were placed on each of the doors leading into and out of the memory care unit. Prior to this incident, The Terraces already had an ID Badge system which allows for only associates to enter and exit memory care. The policy and procedure for Elopement and Missing Member was reviewed with all employees on 3/8/21-3/10/21 and they were trained to not leave doors open when on the memory care unit. Follow up training sessions will be held routinely.</p> <p>Re: L 3003</p> <p>The Terraces at Peachtree Hills Place follows a policy of incident reporting that corresponds to the Department's regulations on reporting.</p> <p>Upon this lapse in communication, follow up conversations and coaching occurred to ensure future accurate incident reporting.</p>		