

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	>>>>The purpose of this visit was to investigate intakes #GA00228006 and #GA00229687. On-site visits were made on 11/29/22 and 11/30/22 and the investigation was completed 11/30/22.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 1314} SS= D	<p>&gt;&gt;&gt;&gt;Based on observation and interview, the facility failed to keep floors, walls, and ceilings clean and in good repair. Findings include:</p> <p>During the tour of the facility on 11/29/22 and 11/30/22 the following was observed:</p> <ol style="list-style-type: none"> <li>1. Floors in the bedrooms of Resident #1 and Resident #4 had large black areas throughout the rooms.</li> <li>2. The ceiling in the kitchen, above the dish machine, had a large open area that was covered with a screen.</li> <li>3. In the bedroom of Resident #7 (in the memory care unit) a large patch of paint was peeling around the window, there was no doorknob on the closet, the doorknob on the bathroom door was loose, and no blinds at were at the window.</li> <li>4. In the bedroom of Resident #10, debris was noted on the floor on 11/29/22 and 11/30/22. The debris came up when the floor was mopped by Staff D.</li> </ol> <p>During an interview on 11/29/22, Staff B stated he/she cleaned the carpets in the facility when ever they needed it. Stated there was no specific cleaning schedule.</p> <p>During an interview on 11/30/22, Staff A stated he/she just received the ok to hire a prn maintenance person.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 1320} SS= D	<p>&gt;&gt;&gt;&gt; Based on observation and interview, the facility failed to ensure it had an adequate hot water system that supplies heated water, comfortable to the touch. Findings include:</p> <p>A review of the incident report submitted to the Department on 9/19/22 showed the residents on the first floor did not have hot water in their rooms.</p> <p>A review of the water temperatures on 11/29/22 and 11/30/22 showed there was not sufficient heated water in the facility.</p> <p>On 11/29/22 at 3:00 p.m., the heated water temperature measured 83.4 degrees F at the bathroom shower in the private bath of Resident #5.</p> <p>On 11/30/22 at 7:19 a.m., the heated water temperature measured 84.2 degrees F at the sink in the bedroom of Resident #1.</p> <p>During an interview on 11/29/22, Resident #5 stated the water in the shower did not get hot or warm enough.</p> <p>During an interview on 11/29/22 Staff B stated a repair order dated 11/22/22 was submitted to corporate on 11/28/22.</p>		
{A 1504} SS= D	<p>****&gt;&gt;&gt;&gt;Based on observation and interview, the facility failed to not retain residents who required restraints Findings include:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 1929} SS= D	<p>Observation on 11/29/22, the room of Resident #9 contained a hospital bed that was pushed against the wall on one side and had two full length side rails in the down position. Resident #9 was in the common area at the time of the tour.</p> <p>Observation on 11/30/22, Resident #9 was asleep in bed with one side rail in the up position and other in the down position. The side rail that was down was on the side of the bed that was pushed against the wall.</p> <p>During an interview on 11/29/22, Staff C stated the side rails were not used for Resident #9, the bed came from hospice services with the full side rails 1-2 days prior.</p> <p>During an interview on 11/30/22, Staff A stated the side rails were not to be used on the bed and directed Staff D to remove both rails from the bed.</p> <p>A review of the file of Resident #9 showed an addition date to the memory care unit on 3/20/19 with diagnoses of Alzheimer dementia and type II diabetes mellitus.</p> <p>&gt;&gt;&gt;&gt;Based on record review and staff interview, the facility failed to maintain the minimum staffing requirements. Findings include:</p> <p>A review of the October and November 2022 work schedule showed only one CMA on duty for multiple 7:00 a.m. to 7:00 p.m. shifts and only two staff in the building for the 7:00 p.m. to 7:00 a.m. shift.</p> <p>On 11/29/22 the total facility census was 11 residents; 5 of which were in the memory care unit (MCU).</p> <p>On arrival to the facility, Staff B, Staff C and Staff D were present. Staff D was in the MCU, Staff C was in MCU but stated he/she was working in personal care (PC). Staff B was working the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 2103} SS= D	<p>front desk and assisted where needed.</p> <p>During an interview on 11/29/22, Staff C stated he/she gave medications in both the MCU and PC.</p> <p>During an interview on 11/30/22, Staff A stated there was not always a dedicated second staff for the MCU, that staff assigned to PC floated to MCU to assist when required.</p> <p>&gt;&gt;&gt;&gt;Based on observation and interview, the facility failed to have a fully operational kitchen. Findings include:</p> <p>A review of the incident report submitted to the Department on 11/14/22 showed staff were not able to properly sanitize dishes because the dishwasher in the kitchen had been broken for over 90 days.</p> <p>A tour of the kitchen on 11/29/22 with Staff E showed the following items were not working:</p> <ol style="list-style-type: none"> <li>1. The dish washer</li> <li>2. The ice machine- there was a plastic bag that once contained ice inside the ice bin.</li> <li>3. The juice machine.</li> </ol> <p>During an interview on 11/29/22, Staff E stated the above listed items have not worked since his/her return 2 months ago.</p> <p>During an interview on 11/30/22, Staff B stated there were no work requests for the broken items in the kitchen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH001537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDINGS OF COLUMBUS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6830 RIVER ROAD COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		