STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	PCH001092	A. BUILDING B. WING	06/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF SAVANNAH, THE	249 HOLLAND DRIVE SAVANNAH, GA 31419

(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 monitor the ongoing compliance with the rules and regulations.
{A 1503} SS= D	>>>>Based on observation, record review, and interview the facility failed to meet the following criteria for aging in place for non-ambulatory residents,vi) The facility notifies the local fire department in writing within two (2) weeks of the change in the resident's status to aging in place so that there is local awareness of the presence of a non-ambulatory resident at the home 2 of 6 sample residents (Resident #1, Resident #2). Findings include: Observation showed Resident #1 was asleep in bed. The resident did not rouse when his/her name was called. There was a wheelchair at the bedside. Resident #2 was in a reclining wheel chair in the activity room. Resident #2 was awake, turned toward the sound when spoken to but did not respond verbally. A review of the file for Resident #1 showed admission 7/1/19 with diagnosis of dementia. Resident #1 was under the care of hospice. A review of the file for Resident #2 showed admission 12/10/2020 with diagnosis of traumatic subdural hemorrhage with altered mental status. Resident #2 was under the care of hospice. During an interview, Staff A stated Resident #1 and Resident #2 could not self preserve in an emergency. Neither resident could walk or propel their own wheel chairs. Staff A stated he/she had not notified the local fire department of the status of Resident #1 and Resident #2.

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GARDENS OF SAVANNAH, THE	249 HOLLAND DRIVE SAVANNAH, GA 31419

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