

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000552	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/23/2020
NAME OF PROVIDER OR SUPPLIER MANOR LAKE BRIDGEMILL		STREET ADDRESS, CITY, STATE, ZIP CODE 131 HOLLY STREET CANTON, GA 30114	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>>>>>The purpose of this visit was to investigate intake #GA00209443 and intake GA00210076.</p>		
{L 3001} SS= D	<p>>>>>Based on record reviews and interview, the facility failed to report in a format acceptable to the Department either within 24 hours after a serious incident involving a residents occurs, or the assisted living community has reasonable cause to believe that a reportable incident involving a resident has occurred. Findings include:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000552	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/23/2020
NAME OF PROVIDER OR SUPPLIER MANOR LAKE BRIDGEMILL		STREET ADDRESS, CITY, STATE, ZIP CODE 131 HOLLY STREET CANTON, GA 30114	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>A review of the Department of Public Health (DPH) COVID-19 Cumulative Case Counts for the facility as of 11/23/20 showed: total of six (6) staff and three (3) residents had tested positive for Covid-19 as followings:</p> <p>Resident 01 (date of admission 10/04/18) was tested on 5/13/20, Notified Positive on 5/18/20, Asymptomatic</p> <p>Resident 02 (date of admission 10/17/18) was tested on 5/13/20, Notified Positive 5/18/20, Asymptomatic</p> <p>Resident 03 (date of admission 10/28/19) was tested 5/13/20, Notified Positive 5/18/20, Asymptomatic</p> <p>Staff C date of hire 09/23/19, was tested on 7/31/20, Notified 8/9/20, Symptom Onset 7/26/20</p> <p>Staff D date of hire 10/18/19, was tested on 9/24/20, Notified 9/20/20, Symptom Onset 9/19/20</p> <p>Staff E date of hire 07/01/19, was tested on 11/5/20, Notified 11/7/20, Asymptomatic</p> <p>Staff F date of hire 08/08/19, was tested on 4/22/20, Notified Positive 5/6/20, Symptom Onset 4/22/20</p> <p>Staff G date of hire 01/06/20, was tested on 04/22/20 and notified positive on 05/06/20, Asymptomatic</p> <p>Staff H date of hire 04/01/20, was tested 5/13/20, Notified positive on 5/18/20, Symptom Onset 5/15/20, Retested 5/21/20 Negative.</p> <p>On 11/23/20 Staff A was unable to present documentation to show that the facility reported the above positive Covid-19 cases to the Department of Community Health (DCH) and the Department of Public Health (DPH).</p> <p>During an interview on 11/23/20 at 12:30 p.m., Staff A stated the facility did have three residents and six staff who had tested positive for Covid -19 in May 2020. Staff A further added that he/she doubted that the positive cases had been reported to DCH and DPH.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000552</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">11/23/2020</p>
NAME OF PROVIDER OR SUPPLIER <p>MANOR LAKE BRIDGEMILL</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>131 HOLLY STREET CANTON, GA 30114</p>	
(X4) ID PREFIX TAG	<p style="text-align: center;">SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		