

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PHCP013161	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 8/14/2025
NAME OF PROVIDER OR SUPPLIER SPECIAL HEART HOME CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3324 PEACHTREE ROAD NE UNIT 2511 ATLANTA GA 30326	
(X4) ID PREFIX TAG 0000 - Initial Comments.		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	

22JM 0000

The purpose of this visit was to conduct the initial on-site compliance inspection on August 6, 2025. Rule violations were cited.

0902 - Administration and Organization.

A provider shall establish and implement policies and procedures for service agreements. All services provided to a client shall be based on a written service agreement entered into with the client or the client's responsible party, if applicable.

This RULE is not met as evidenced by:

Based on record review and interview the agency failed to ensure the service agreement included in the clients' record had all the required elements for one of one (Client #1) sampled client.

Findings were:

1. A record review for Client #1 lacked documentation of a complete service agreement. The service agreement was missing the following: referral date, client's request for services, frequency & duration, and ALL-inclusive language on client's rights and responsibilities.

1. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make all changes.

111-8-65-.09(2)(a)
22JM 0902
SS=D

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<p>111-8-65-.09(a)3. 22JM 0924 SS-D</p>	<p>0924 - Administration and Organization.</p> <p>The [client] file shall contain the following: 3. Current service plan as described at rule .11; ...</p> <p>This RULE is not met as evidenced by:</p> <p>Based on client record reviews and an interview with Staff A, it was determined that the provider failed to ensure a complete service plan was included in the record for one of one (Client #1) sampled client.</p> <p>Findings were:</p> <p>1. A record review for Client #1 lacked documentation of a complete service plan. The service plan was missing the following: frequency and duration.</p> <p>2. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make all changes.</p>
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<p>111-8-65-.09(a)9. 22JM 0930 SS-D</p>	<p>0930 - Administration and Organization.</p> <p>The [client] file shall contain the following:</p> <p>9. Date and source of referral.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on record review and interview, the Provider failed to document the referral source for one of one (Client#1) sampled client.</p> <p>Findings were:</p> <p>1. A review of the file for Client#1 lacked documentation for the source of referral.</p> <p>1. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make all changes.</p>
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0934 - Administration and Organization. Personnel Records. A provider shall maintain separate written records for each employee[.] This RULE is not met as evidenced by: Based on employee record reviews and interview with Staff A, it was determined the provider failed to maintain complete personnel records at the private home care providers (PHCP) office for one of two (Staff B) sampled employee. Findings were: 1. During the employee record review of Staff B, the following were missing: TB/ chest x-ray or TB symptoms screening form. 1. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make all changes.	111-8-65-.09(4)(c) 22JM 0934 SS=D
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[Empty space for additional findings or comments]

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<p>111-8-65-10(2)(c)2 22JM 1016 SS-D</p>	<p>1016 - Private Home Care Provider Services.</p> <p>The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 122 days starting from date of initial service in the residence or when the provider receives a complaint concerning services and the complaint raises a serious question concerning the services being delivered. The visit shall include an assessment of the client's general condition, a review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by the provider's staff. Such supervision shall also include observations about the appropriateness of the level of services being offered. Routine supervisory visits shall be made in the client's residence. All supervisory visits shall be documented in the client's file or service plan.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on review of client and employee records and an interview with Staff A, it was determined that the agency failed to document routine quarterly supervisory visits for one of one (Client #1) sampled client.</p> <p>Findings were:</p> <p>1. A record review for Clients #1 showed the last supervisory visit was completed on 3/11/25. The client record failed to show a completed supervisory visit for July 2025.</p> <p>2. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make all changes.</p>
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<p>111-8-65-11(2) 22JM 1103 SS-D</p>	<p>1103 - Service Plans.</p> <p>Service plans shall be completed by the service supervisor within seven working days after services are initially provided in the residence. Service plans for nursing services shall be reviewed and updated at least every sixty-two days. Other service plans shall be reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are changes in the items listed in rules .11(i)(a) and (b), above.</p> <p>Authority O.C.G.A. Secs. 31-2-5, 31-2-7 and 31-7-300 et seq. History. Original Rule entitled " Service Plans " adopted. F. June 26, 1995; eff. July 21, 1995, as specified by the Agency. Repealed; New Rule of same title adopted. F. Jan. 23, 2008; eff. Feb. 12, 2008.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on client record reviews and interview with Staff A, it was determined the service plans was not reviewed and updated at the time of each supervisory visit or whenever there were changes for one of one (Client #1) sampled client.</p> <p>Findings were:</p> <p>1. A record review for Client #1 showed a service plan for personal care services dated 3/11/25. Further record review lacked documentation that it had been reviewed or updated in a timely manner.</p> <p>1. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make all changes.</p>
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