STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	PHCP011955	A. BUILDING B. WING:	4/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR VILLAGE HEALTHCARE SERVICES LLC	1218 DEERWOOD CIRCLE STAPLETON GA 30823

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
22JM 0000	0000 - Initial Comments. The purpose of this visit was to conduct the initial on-site compliance inspection on 04/13/26. Rule violations were cited.
111-8-65-.04 22JM 0400 SS=D	0400 - Governing Body. Governing Body. Each private home care provider shall have a governing body empowered and responsible to determine all policies and procedures and to ensure compliance with these rules. Authority O.C.G.A. Secs. 31-2-5, 31-2-7 and 31-7-300 et seq. History. Original Rule entitled " Governing Body " 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 Repealed: New Rule of same title adopted.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. This RULE is not met as evidenced by: Based on review of the policy and procedure manual and interview, it was determined the governing body failed to ensure the agency developed and implemented policies and procedures in accordance with the rules and regulations for private home care providers. Findings were: 1. Review of the agency policy and procedure manual revealed no policy for documentation of home care services. 2. During an exit conference on April 13, 2026, at 1:45 p.m., Staff A confirmed the missing policy.

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73D7 0607 SS=D	0607 - Personnel Files. A personnel file for each employee shall be maintained by the facility. Such files shall be available for inspection by the department but shall otherwise be maintained to protect the confidentiality of the information contained therein and shall include, but not be limited to, evidence of each employee's satisfactory determination, registry check, and licensure check, if applicable. This RULE is not met as evidenced by: Based on record review and interview, the provider failed to ensure staff hired effective October 1, 2019, had the required criminal background checks after 30 days of employment for 1 of 3 (Staff C) sampled staff. Findings were: 1. A review of the file for Staff C showed a hire date of 3/9/26. Further review showed no criminal background check through fingerprinting on the employee roster. Staff C provided services to Client #1. 2. During an exit interview on March 16, 2026, at 4:00 p.m., Staff A stated he/she does not have access to the G-check portal.
111-8-65-.09(4)(a)2. 22JM 0923 SS=D	0923 - Administration and Organization. The [client] file shall contain the following: 2. Current service agreement as described at rule .09(2); ... This RULE is not met as evidenced by: Based on client record reviews and an interview, it was determined that the provider failed to ensure a service agreement was included in the record for 2 of 2 (#1, #2) clients sampled. Findings were: 1. Record review for Client #1 and Client #2 lacked documentation of a service agreement. 2. During the exit conference on April 13, 2026, at 1:45 p.m., Staff A confirmed the client records lacked documentation of the service agreement.

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111-8-65-.09(4)(a)3. 22JM 0924 SS=D	0924 - Administration and Organization. The [client] file shall contain the following: 3. Current service plan as described at rule .11; ... This RULE is not met as evidenced by: Based on client record reviews and an interview, it was determined that the provider failed to ensure a service plan was included in the record for 1 of 2 (#1) clients sampled. Findings were: 1. Record review for Client #1 lacked documentation of a service plan. 2. During the exit conference on April 13, 2026, at 1:45 p.m., Staff A confirmed the client record lacked documentation of the service plan.

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111-8-65-.09(4)(a)5. 22JM 0926 SS=D	0926 - Administration and Organization. The [client] file shall contain the following: 5. Documentation of personal care tasks and companion or sitter tasks actually performed for the client; ... This RULE is not met as evidenced by: Based on client record reviews and an interview, it was determined the agency failed to ensure documentation of personal care tasks were actually performed for 2 of 2 (#1, #2) sampled clients. Findings were: 1. Record review for Client #1 revealed no service plan in file. Staff a stated Client #1 receives skilled nursing and personal. However, no task sheets were provided for February and March 2026. 2. Record review for Client #2 revealed a service plan for skilled nursing and personal care services. The service plan included a frequency and duration of 7 days per week for 35 hours a week. However, no task sheets were provided for the month of February and March 2026. 3. During an exit conference on April 13, 2026, 1:45 p.m., Staff A confirmed the missing task sheets for both clients.

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111-8-65-.09(4)(a)9. 22JM 0930 SS=D	0930 - Administration and Organization. The [client] file shall contain the following: 9. Date and source of referral. This RULE is not met as evidenced by: Based on record review and interview, the Provider failed to document the referral source for 2 of 2 (Client #1, Client #2) sampled clients. Findings were: 1. A review of the file for Client#1 and Client #2 showed no documentation for the source of referral. 2. During an exit conference on April 13, 2026, at 2:00 pm, Staff A stated they will add the referral source's name.

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111-8-65-.09(4)(c)1. 22JM 0935 SS=D	0935 - Administration and Organization. [Personnel] records shall include the following: 1. Identifying information such as name, address, telephone number, and emergency contact person(s); ... This RULE is not met as evidenced by: Based on review of employee records and interview with Provider, it was determined that the provider failed to provide emergency contact information for 2 of 3 (Staff B, C) sampled staff. Findings were: 1. Record review for Staff B showed a hire date of 1/12/25 as a Registered Nurse. The record review lacked documentation of emergency contact information. 2. Record review for Staff C showed a hire date of 3/09/26 as a Certified Nursing Assistant. The record review lacked documentation of emergency contact information. 3. During the exit conference on 04/13/26 at 1:45 p.m. Staff A confirmed employee records lacked documentation of emergency contact information.

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111-8-65-.09(4)(c)3. 22JM 0937 SS=D	0937 - Administration and Organization. [Personnel] records shall include the following: 3. Records of qualifications; ... This RULE is not met as evidenced by: Based on record review and interview, the Provider failed to maintain complete personnel records providing documentation of employee qualifications to include current Cardiac Pulmonary Resuscitation certification (CPR) for one of two (Staff C) sampled staff. Findings were: 1. A review of the file for Staff C showed no documentation of a CPR certification. 2. During the exit conference on April 13, 2026, at 1:45 a.m., Staff A stated confirmed the missing information.

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111-8-65-.09(4)(c)4. 22JM 0938 SS=D	0938 - Administration and Organization. [Personnel] records shall include the following: 4. Documentation of a satisfactory TB screening test upon employment and annually thereafter; ... This RULE is not met as evidenced by: Based on record review and interview, the Provider failed to provide documentation of a satisfactory TB screening test upon employment and annually thereafter for one of three (Staff C) sampled staff. Findings were: 1. Record review for Staff C revealed a hire date of 3/9/26 as a Certified Nursing Assistant (CNA). The record review lacked documentation of a satisfactory TB screening test upon employment. 2. During the exit conference on April 13, 2026, at 1:45 p.m., Staff A confirmed employee records lacked documentation of a TB screening.

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111-8-65-.09(4)(c)6. 22JM 0940 SS=D	0940 - Administration and Organization. [Personnel] records shall include the following: 6. The person's job description or statements of the person's duties and responsibilities; ... This RULE is not met as evidenced by: Based on employee record reviews and interview with Provider, it was determined that the provider failed to ensure the employee record included a job description or statements of the person's duties and responsibilities for 2 of 3 (Staff B, Staff C) sampled employees. Findings were: 1. A review of the file for Staff B showed a hire date of 1/12/25 as a Registered Nurse. The record lacked documentation of a job description or statement of person’s duties and responsibilities. 2. A review of the file for Staff C showed a hire date of 3/9/26 as a Certified Nursing Assistant. The record lacked documentation of a job description or statement of person’s duties and responsibilities. 2. During an exit conference on April 13, 2026, at 1:45 p.m., Staff A confirmed the missing job descriptions.
111-8-65-.09(4)(c)7. 22JM 0941 SS=D	0941 - Administration and Organization. [Personnel] records shall include the following: 7. Documentation of orientation and training required by these rules; ... This RULE is not met as evidenced by: Based on client record review and interview, the Provider failed to maintain orientation in the personnel files for one of three (Staff B) sampled clients. Findings were: 1. Record review for Staff B showed no documentation of orientation for policy and procedures, duties and responsibilities, reporting progress and problems and reporting know TB exposure. 2. During the exit conference, on April 13, 2026, at 1:45 pm, Staff A confirmed employee records lacked documentation of orientation and training.

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111-8-65-.09(5) 22JM 0945 SS=D	0945 - Administration and Organization. Staffing. The provider shall have sufficient numbers of qualified staff as required by these rules to provide the services specified in the service agreements with its clients. In the event that the provider becomes aware that it is unable to deliver the specified services to the client because of an unexpected staff shortage, the provider shall advise the client and refer the client to another provider if the client so desires. This RULE is not met as evidenced by: Based on review of client records and an interview with Staff A, it was determined the agency failed to maintain sufficient staffing to ensure appropriate care and services were provided to clients at frequencies included in the service agreement and service plan for 1 of 2 (#2) sampled clients. Findings were: 1. Record review for Client #2 revealed a service plan which indicated the client was to receive personal care services 7 times a week for 35 hours a week. However, review of the aide task sheets from February 1-February 6, 2026, revealed that the client has not received any services since February 6, 2026. No March task sheets provided. 2.During an exit conference on April 13, 2026, at 1:45 PM, Staff A stated the agency did not have sufficient staff to replace the original caregivers, who quit on February 6, 2026. As a result, client services were missed due to insufficient staff.

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111-8-65-.09(5)(a)1. 22JM 0947 SS=D	0947 - Administration and Organization. All staff hired after the effective date of these rules must meet the following minimum qualifications: 1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application; ... This RULE is not met as evidenced by: **Based on review of employee records and interview, it was determined that the provider failed to ensure that employee files included documentation of a oral or written statement that employees had never been shown by credible evidence to have abused or neglected any person for two of three) sampled employees.** **Findings were:** **1. Record review for all employee files showed the employee records lacked documentation of an oral or written statement to reflect that they had never been found to have participated in any misconduct, abuse, or neglect as described by this rule.** **2.During the exit conference on April 13, 2026, at 1:45 p.m., Staff A confirmed employee records lacked documentation of credible evidence of abuse statement.**

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111-8-65-.10(1)(a) 22JM 1002 SS=D	1002 - Private Home Care Provider Services. Nursing Services. If a provider provides nursing services, such services shall be provided by a licensed registered professional nurse or a licensed practical nurse under the direction of a supervisor as required by these rules. Such services shall be provided in accordance with the scope of nursing practice laws and associated rules, and the client's service plan. This RULE is not met as evidenced by: Based on client record review and an interview with Staff A, it was determined that clients receiving nursing services lacked proper authorization from physician for 1 of 4 sampled clients. Findings were: 1. Record review for Client #1 showed a lack of documentation of Doctor’s orders. Agency provided nursing services prior to obtaining Doctor’s orders on 10/31/25. 2. Record review for Client #2 showed a lack of documentation of Doctor's orders. Agency provided nursing services, but no Doctor's orders was found in the file. 3. During an exit conference on April 13, 2026, at 1:45 p.m., Staff A stated agency will review client’s file and update all necessary information.

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111-8-65-.10(2) 22JM 1009 SS=D	1009 - Private Home Care Provider Services. Supervision of Services. Services shall be supervised by qualified staff of the provider. Each staff member providing services to a client shall be evaluated in writing by his or her supervisor, at least annually, either through direct observation or demonstration, on the job tasks the staff member is required to perform. No supervisor shall knowingly permit an employee who has been exposed to tuberculosis or hepatitis or diagnosed with the same to provide services to clients until it is determined that the employee is not contagious. This RULE is not met as evidenced by: Based on client record reviews and interview with provider, it was determined that the provider failed to ensure documentation of supervisory review of services provided by staff for 1 of 2 (Client #1) client sampled. Findings were: 1. A review of the file for Client #1 showed a lack of documentation of supervisory review of task performed. Employee task sheets failed to provide documentation of sign-off by a qualified supervisor. 2. During the exit conference on 4/13/2026, at 1:45 pm, Staff A agreed the nurse had not reviewed the task sheets.
111-8-65-.10(2)(b)2. 22JM 1013 SS=D	1013 - Private Home Care Provider Services. The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 92 days, starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met. The visit shall include an assessment of the client's general condition, vital signs, 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 quarterly supervisory visits shall be made in the client's residence and shall be documented in the client's file or service plan. This RULE is not met as evidenced by: **Based on review of client records and an interview, it was determined the agency lacked documentation of timely supervisory visits for 2 of 2 (#1, #2) sampled clients.** **Findings were:** **1. Record review for client #1 revealed the client began receiving personal care services and skilled services from the provider on 10/31/25. The client's record revealed no supervisory since stare of care.** **2. Record review for client #2 revealed the client began receiving personal care services and skill services from the provider on 09/15/25. The client's record revealed no supervisory visits since start of care.**

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111-8-65-.10(4) 22JM 1019 SS=D	1019 - Private Home Care Provider Services. Quality Improvement Program. The provider must have and maintain documentation reflecting that there is an effective quality improvement program that continuously monitors the performance of the program itself and client outcomes to ensure that the care provided to the clients meets acceptable standards of care and complies with the minimum requirements set forth in these rules. At a minimum, the quality improvement program must document the receipt and resolution (if possible) of client complaints, problems with care identified and corrective actions taken. Authority O.C.G.A. Secs. 31-2-5, 31-2-7 and 31-7-300 et seq. History. Original Rule entitled " Private Home Care Provider Services " 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. This RULE is not met as evidenced by: Based on interview, it was determined the provider failed to provide documentation reflecting an effective quality improvement (QI) program that continuously monitors the performance of the program. Findings were: 1. The agency failed to ensure there was an effective QI plan that continuously monitored the performance of the program itself and client outcomes to ensure that the care provided meets acceptable standards. there was no documentation in the log/book. 2. During the exit conference on April 13, 2026, at 1:34 p.m., Staff A stated OK.

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111-8-65-.11(2) 22JM 1103 SS=D	1103 - Service Plans. 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(l)(a) and (b), above. 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. This RULE is not met as evidenced by: Based on client record reviews and interview with Staff A, it was determined the service plans were not reviewed and updated at the time of each supervisory visit or whenever there were changes for 2 of 2 (#1, #2) sampled clients. Findings were: 1. Record review for Client #1 started care 10/31/25. Further record review lacked documentation that it had been reviewed or updated in a timely manner. 2. Record review for Client #2 showed a service plan for personal care and skilled services dated 09/01/25. Further record review lacked documentation that it had been reviewed or updated in a timely manner. 3. During an exit conference on April 13, 2026, at 1:45 p.m., Staff A stated the agency will make all changes.