STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED:
	PHCP044714		**8/26/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lapapoe	**1111 Chastain Rd NW, Kennesaw GA 30144**

(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. An initial onsite licensure survey was conducted on 08/26/2026. Rule violations were cited as a result of this inspection.
111-8-65-.03(l) 22JM 0311 SS=D	0311 - Definitions. "Medically frail or medically compromised client" means a client whose health status, as determined by appropriate provider staff in accordance with accepted standards of practice, is likely to change or has changed because of a disease process, injury, disability or advanced age and underlying disease process(es). This RULE is not met as evidenced by: Based on record review, policy review, and interview, the provider failed to determine whether clients may be medically frail and/or medically compromised (MF/MC) for 1 of 2 clients reviewed, Client(C)1. Findings were: A review of the record(s) for C1 showed no documentation of a medically frail and/or medically compromised determination. During an interview on 08/26/2026, at 3:45 PM, the Administrator stated, “OK.” As a result, the health, safety and welfare of clients can be adversely affected due to not knowing the determination of the health status of clients.

Corrective action (cited client). A licensed Registered Nurse (RN) completed a Medically Frail / Medically Compromised (MF/MC) Client Determination for Client 1 in accordance with accepted standards of practice, and filed the completed determination in Client 1's clinical record. The RN completed the same determination for Client 2 and confirmed it is filed in Client 2's record.

Identification of other clients affected. The Administrator audited 100% of active client records to verify that each contains a current MF/MC determination completed by appropriate provider staff; the RN completed a determination for any client whose record did not contain one.

Correction. The agency adopted a written Medically Frail or Medically Compromised Client Determination policy and a stand-alone determination form reflecting the criteria in 111-8-65-.03(l). The intake process was revised so the RN completes the MF/MC determination before services begin, and repeats it at each service plan review and on any significant change in the client's condition. The MF/MC determination was added to the Admission and Intake Checklist as an item that must be completed before the start of care. The Administrator in-serviced the RN and all intake staff on the requirement and workflow and retained the sign-in sheet.

Monitoring. The RN reviews 100% of new admissions for a completed MF/MC determination before the start of care. The Administrator audits a sample of active client records monthly for three months and then quarterly, using the Client Record Audit Tool, against a 100% compliance threshold, and reports results to the governing body quarterly.

Person responsible. Administrator, with the Registered Nurse.

Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

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111-8-65-.09(2)(a) 22JM 0902 SS=D	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 policy manual review, and interview, the agency failed to establish and implement policy and procedure for service agreements and ensure that the client's service agreement included all required documentation for 2 of 2 client(s) reviewed, Client (C)1 and Client (C)2. Findings were: Record reviews for C1 and C2 showed that the client's service agreement lacked referral date, and initial contact date, client's request for services in their own words, type of services to be provided, frequency & duration of services rendered, charges for services, complete documentation of mechanisms for billing and payment- including payor source, acknowledgement of client's rights and responsibilities, authorization to access funds or not, and authorization to use auto or not. Review of the policy manual revealed a service agreement policy. However, the policy did not include all pertinent information necessary to establish and implement a service agreement, including procedures to ensure the agreement was properly developed and implemented. During an interview with the Administrator on 08/26/2026 at 3:45 PM, he/she stated the forms will be updated and will work on the policies The incomplete service agreement and lack of supporting policies increase the risk of unauthorized or inconsistent service delivery, which may adversely affect the client's health, safety, welfare, and rights.

Corrective action (cited clients). The Administrator revised and re-executed the service agreements for Client 1 and Client 2 so that each includes every element required by 111-8-65-.09(2)(a): referral date; initial contact date; the client's request for services in the client's own words; type of services; frequency and expected duration of services; charges for services; billing and payment mechanisms, including the payor source; acknowledgment of Client Rights and Responsibilities; authorization, or declining of authorization, to access client funds; and authorization, or declining of authorization, to use the client's automobile. The client or responsible party and the provider's representative signed and dated each agreement.
Identification of other clients affected. The Administrator audited 100% of active client service agreements against the revised required-elements checklist and corrected and re-executed every incomplete agreement with the client or responsible party.
Correction. The Service Agreement policy and procedure was revised to list every required content element and to require the agreement be developed and executed before services begin and reviewed and updated as needed. The Service Agreement template was revised so every required element is a discrete field that cannot be left blank. The Administrator is responsible for completing and executing the agreement with the client or responsible party before the start of care. The Administrator in-serviced applicable staff on the revised policy and template and retained the sign-in sheet.
Monitoring. The Administrator reviews 100% of new client service agreements for completeness before the start of care, and audits a sample of active client records monthly for three months and then quarterly, using the Service Agreement Audit Checklist.
Person responsible. Administrator.
Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

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111-8-65-.09(2)(a)10. 22JM 0912 SS=D	0912 - Administration and Organization. The service agreement must include the following: 10. Signatures for the provider's representative and the client or responsible party, if applicable, and date signed; if a client or responsible party refuses to sign the agreement, such refusal shall be noted on the agreement with an explanation from the provider's representative. This RULE is not met as evidenced by: Based on record review and interview, the agency failed to ensure that the client's service agreement included signatures for the agency's representative and the client or responsible party, and date signed for 2 of 2 clients reviewed, Client (C)1 and Client (C)2. Findings were: A review of the service agreements for C1 and C2 revealed the signature and date of the agency representative and the client or responsible party, were missing. During an interview with the Administrator on 08/26/2026 at 3:45 PM stated, he/she will add the signature lines. Failure to obtain the required signature and date on the service agreement reduces accountability and prevents verification that the agreement was reviewed and approved by the agency, which may adversely affect the client's health, safety, welfare, and rights.

Corrective action (cited clients). The Administrator and the client or responsible party signed and dated the service agreements for Client 1 and Client 2.

Identification of other clients affected. The Administrator audited 100% of active client records to confirm that each service agreement carries the signature and date of the provider's representative and of the client or responsible party, and obtained any missing signature and date.

Correction. The Service Agreement template was revised to include dedicated signature and date lines for the provider's representative and the client or responsible party, and a section to record any refusal to sign with an explanation from the provider's representative, as required by 111-8-65-.09(2)(a)10. The Service Agreement policy was revised to require a complete signature and date before services begin. The Administrator in-serviced staff and retained the sign-in sheet.

Monitoring. The Administrator verifies signatures and dates on 100% of new service agreements before the start of care, and audits a sample of active records monthly for three months and then quarterly, using the Service Agreement Audit Checklist, against a 100% threshold, and reports results to the governing body.

Person responsible. Administrator.

Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

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111-8-65-.09(4)(c) 22JM 0934 SS=D	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 record review and interview, the agency failed to maintain complete personnel records at the Private Home Care (PHCP) office for 3 of 3 employees reviewed, Registered Nurse, Certified Nursing Assistant and Personal Care Assistant. Findings were: A review of the record for the Registered Nurse showed no documentation of a complete and updated personnel record. Further review showed the file was missing home address, phone number, orientation training checklist, 5-year employment history, emergency contact, CPR/First Aid and tuberculosis (TB) screening test. A review of the record for the Certified Nursing Assistant showed no documentation of a complete and updated personnel record. Further review showed the file was missing home address, phone number, orientation training checklist, 5-year employment history, emergency contact, CPR/First Aid and tuberculosis (TB) screening test. A review of the record for the Personal Care Assistant showed no documentation of a complete and updated personnel record. Further review showed the file was missing home address, phone number, orientation training checklist, 5-year employment history, emergency contact, CPR/First Aid and tuberculosis (TB) screening test. During an interview with the Administrator on 08/26/2026 at 3:45 PM, he/she stated, “I will update.” The agency's failure to maintain a complete personnel file may place clients at risk for neglect, abuse, or injury by preventing verification of employee qualifications, training, and compliance with applicable requirements.

Corrective action (cited employees). The Administrator completed the personnel records for the Registered Nurse, the Certified Nursing Assistant, and the Personal Care Assistant so that each record contains home address, telephone number, emergency contact, orientation and training checklist, five-year employment history, current CPR and First Aid certification, and tuberculosis (TB) screening result. Any employee unable to produce a current TB screening or CPR/First Aid certification obtained it before returning to client assignments.
Identification of other employees affected. The Administrator audited 100% of personnel records against a standardized Personnel File Checklist reflecting every element required by 111-8-65-.09(4), and corrected every deficiency identified.
Correction. The agency adopted a Personnel File Checklist covering every required element. The hiring and onboarding procedure was revised so each personnel record is completed and checklist-verified before the employee is assigned to a client. The Administrator is designated custodian of personnel records maintained at the Private Home Care office. The agency maintains a staff compliance log tracking expiration dates for CPR/First Aid, TB screening, and license or certification. The Administrator in-serviced staff on the personnel-record requirements and retained the sign-in sheet.
Monitoring. The Administrator audits 100% of new-hire records at completion of onboarding and before the first client assignment, and audits all active personnel records monthly for three months and then quarterly, using the Personnel File Checklist. The Administrator reviews the staff compliance log monthly for upcoming expirations and reports results to the governing body against a 100% threshold.

Person responsible. Administrator.

Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

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111-8-65-.09(5)(c)1. 22JM 0952 SS=D	0952 - Administration and Organization. Any PCA hired after the effective date of these rules shall have the following training and/or experience: (i) successful completion of a nurse aide training and competency evaluation program pursuant to the requirements of 42 CFR Part 483, Subpart D, as revised or recodified, if applicable; or (ii) successful completion of a competency examination for nurse aides recognized by the department; or (iii) successful completion of a health care or personal care credentialing program recognized and approved by the department; or (iv) successful completion or progress in the completion of a 40 hour training program provided by a private home care provider, which addresses at least the following areas: (I) Ambulation and transfer of clients, including positioning; (II) Assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating; (III) Basic first aide and CPR; (IV) Caring for clients with special conditions and needs so long as the services are within the scope of the tasks authorized to be performed by demonstration; (V) Home management; (VI) Home safety and sanitation; (VII) Infection control in the home; (VIII) Medically related activities to include the taking of vital signs; and (IX) Proper nutrition. This RULE is not met as evidenced by: Based on record review and interview, the agency failed to ensure that a Personal Care Assistant (PCA) hired after the effective date of the Private Home Care Agency rules had completed a state-approved nurse aide training program, passed a department-recognized competency exam, or completed an approved 40- hour training program for 1 of 3 employees reviewed, Personal Care Assistant (PCA). Findings were: A review of the record for the Personal Care Assistant, hired 02/2026 showed no evidence proving the employees had completed either the NLN or the GAHCA tests or were certified as a CNA since their date of hire. During an interview with the Administrator on 08/26/2026 at 3:45 PM, he/she stated, “OK.” Failure to ensure staff meet required training and competency requirements increases the risk of improper care, which may compromise the client's health, safety, and welfare.

Corrective action (cited employee). The Administrator removed the Personal Care Assistant hired in February 2026 from independent client assignments until the agency held documentation that the PCA meets one of the pathways required by 111-8-65-.09(5)(c)1: completion of a state-approved nurse aide training and competency evaluation program; a passing score on a department-recognized nurse aide competency examination (e.g., NLN or GAHCA); completion of a department-approved health care or personal care credentialing program; or completion of a 40-hour training program covering all nine required content areas together with an RN skills competency evaluation. Where no qualifying documentation existed, the PCA completed the 40-hour training and the RN competency evaluation, both were filed in the personnel record, and the PCA then resumed assignments.

Identification of other employees affected. The Administrator, with the RN for the competency evaluation, audited 100% of direct-care staff personnel records to verify each meets the training and competency requirements of 111-8-65-.09(5)(c), and removed from assignment any staff member lacking the required documentation until it was obtained.

Correction. The hiring policy was revised to require verification of training and competency documentation before a Personal Care Assistant or Certified Nursing Assistant is assigned to any client. Enrollment in a department-approved external program is documented. The onboarding checklist was revised so training and competency verification is a required item before assignment. The Administrator in-serviced staff and retained the sign-in sheet.

Monitoring. The Administrator, with the RN for the competency evaluation, verifies training and competency documentation for 100% of newly hired direct-care staff before any client assignment. The Administrator audits direct-care personnel records quarterly against a 100% threshold and reports results to the governing body.
Person responsible. Administrator, with the Registered Nurse for the competency evaluation.
Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

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Lapapoe	**1111 Chastain Rd NW, Kennesaw GA 30144**

111-8-65-.10(2)(b)1. 22JM 1012 SS=D	1012 - Private Home Care Provider Services. The appropriate supervisor as specified in these rules shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services. For clients who are determined to be medically frail or compromised, a licensed registered professional nurse shall complete the initial service plan. Subsequent revisions to the service plan may be made by a licensed practical nurse who is supervising the provision of personal care tasks services to the client. Revisions made by the licensed practical nurse will be reviewed in a timely manner by the provider's licensed registered professional nurse ultimately responsible for the management of the client's care. This RULE is not met as evidenced by: Based on record review and interview, the agency failed to ensure service plans were completed by an appropriate supervisor for 2 of 2 client(s) reviewed, Client (C)1 and Client (C)2. Findings were: A record review of the service plans for C1 and C2 showed no documented signature or date by a Licensed Registered Professional Nurse (RN) indicating review, approval, or completion of the initial service plans as required. During an interview with the Administrator on 08/26/2026 at 2:00 PM, he/she stated, “OK.” The failure to ensure an RN completed and approved the initial service plan may result in inadequate supervision of services, increasing the risk of unmet care needs, inappropriate interventions, medication or treatment errors, and avoidable adverse outcomes.

Corrective action (cited clients). A licensed Registered Professional Nurse completed, signed, and dated the initial service plans for Client 1 and Client 2 in coordination with the staff providing services. For any client determined to be medically frail or medically compromised, the RN completed the initial service plan.

Identification of other clients affected. The RN audited 100% of active client service plans for RN completion, signature, and date; co-signed or completed any plan lacking RN sign-off; and completed the initial plan for any medically frail or medically compromised client whose plan had not been completed by an RN.

Correction. The Service Plan policy and procedure was revised to require that the initial service plan be completed by the appropriate supervisor and, for any medically frail or medically compromised client, by a licensed RN; and to require that any revision made by a licensed practical nurse be reviewed, signed, and dated in a timely manner by the RN responsible for the client's care. The Service Plan template was revised to include an RN signature and date line and a field identifying the person who completed the plan. The workflow was sequenced so the MF/MC determination is completed, the RN then completes or approves the initial service plan, and services then begin. The Administrator in-serviced the RN and supervisory staff and retained the sign-in sheet.

Monitoring. The RN completes or approves and signs 100% of initial service plans before the start of care. The Administrator audits a sample of service plans monthly for three months and then quarterly, using the Service Plan Audit Tool, including verification of timely RN review of any LPN revision, and reports results to the governing body.
Person responsible. Administrator and the Registered Nurse.
Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

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111-8-65-.11(1)(a) 22JM 1101 SS=D	1101 - Service Plans. Service Plan Content. The service plan shall include the functional limitations of the client, types of service required, the expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided, the stated goals and objectives of the services, and discharge plans. This RULE is not met as evidenced by: Based on interview and record review, the facility failed to utilize complete and comprehensive service plans which include the functional limitations of the client, types of service required, the expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided, the stated goals and objectives of the services, and discharge plans for service plans for 2 of 2 client reviewed, Client (C)1 and Client (C)2. Findings were: A review of the service plans for C1 and C2 showed no documentation of the following required element(s): the expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided. During an interview with Administrator Assistant on 08/26/2026 at 3:45 PM, he/she stated the forms will be updated. The lack of maintaining complete service plans can place clients at risk of neglect, abuse or injury.

Corrective action (cited clients). The RN revised the service plans for Client 1 and Client 2 to include all content required by 111-8-65-.11(1)(a): the client's functional limitations; the types of service required; the expected times and frequency of service delivery in the client's residence; the expected duration of services; the stated goals and objectives of the services; and discharge plans. The RN signed and dated the revised plans.

Identification of other clients affected. The RN identified and revised every active service plan found deficient for any element required by 111-8-65-.11(1)(a); the Administrator audited 100% of active service plans against the required-elements checklist to confirm each element is present and routed any gap back to the RN for completion.

Correction. The Service Plan template was revised so each element of 111-8-65-.11(1)(a) is a discrete required field, and the Service Plan policy was revised accordingly, including the review and revision frequency. The agency in-serviced staff on completing every field and retained the sign-in sheet.

Monitoring. The RN reviews 100% of new service plans for content completeness before the start of care. The Administrator audits a sample of active service plans monthly for three months and then quarterly, using the Service Plan Audit Tool, against a 100% threshold, and reports results to the governing body; any gap identified is routed to the RN for correction.

Person responsible. Registered Nurse, with the Administrator for the completeness audit.

Completion date: September 25, 2026 (within 30 days of the 08/26/2026 survey, per the Notice of Survey Results).

State of GA Inspection Report

PRINTED: 9/8/2026
FORM APPROVED

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED:
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111-8-65-.11(1)(b) 22JM 1102 SS=D	1102 - Service Plans. When applicable to the condition of the client and the services to be provided, the [service] plan shall also include pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs. This RULE is not met as evidenced by: Based on interview and record review, the facility failed to utilize complete and comprehensive service plans which include pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs for 2 of 2 client(s) reviewed, Client (C)1 and Client (C)2. Findings were: A review of the service plans for C1 and C2 showed no documentation of the following required element(s): pertinent diagnoses, medications and treatments, diet and nutritional needs. During an interview with Administrator Assistant on 08/26/2026 at 3:45 PM, he/she stated the forms will be updated. The lack of maintaining complete service plans can place clients at risk of neglect, abuse or injury.

Corrective action (cited clients). The RN revised the service plans for Client 1 and Client 2 to include, as applicable to each client's condition and services, pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs. The RN obtained this information from the family and from the referral source or physician as needed, and signed and dated the revised plans.

Identification of other clients affected. The RN identified and revised every active service plan found deficient for any element required by 111-8-65-.11(1)(b); the Administrator audited 100% of active service plans against the required-elements checklist to confirm each applicable element is present and routed any gap back to the RN for completion.

Correction. The Service Plan template was revised to include discrete fields for pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs, to be completed when applicable to the client's condition and services. The Service Plan policy and intake process were revised to require the RN to obtain and record this information at plan development. The agency in-serviced staff and retained the sign-in sheet.

Monitoring. Together with Tag 1101, the RN reviews 100% of new plans for content completeness before the start of care, and the Administrator audits a sample monthly for three months and then quarterly, using the Service Plan Audit Tool, against a 100% threshold, and reports results to the governing body; any gap identified is routed to the RN for correction.

Person responsible. Registered Nurse, with the Administrator for the completeness audit.

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