



February 3, 2020

Arlene Hsu, Administrator
Historic Roswell Place Assisted Living & Memory
75 Magnolia St
Roswell, GA 30075

Dear Ms. Hsu:

IMPORTANT NOTICE, PLEASE READ: Any new rule and/or rule changes are available on the Department of Community Health (DCH) website at www.dch.georgia.gov. Select Healthcare Facility Regulation, then Laws and Regulations, and then Assisted Living Communities (25 or more residents). Please check the DCH website periodically for updates, information, and training opportunities.

Report of Most Recent Survey

On January 15, 2020, staff from the Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program, completed a survey of Historic Roswell Place Assisted Living & Memory, located at 75 Magnolia St, Roswell, Georgia. Based on the survey findings, no violations of the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, were cited. Attached is a copy of the Survey Report. Please note that the survey findings are subject to supervisory review. Any violations cited may be deleted, corrected and/or additional violations cited based on that review. Any revisions of the survey report will be sent under separate cover.

Notice to Correct Violations / Enforcement Action

Pursuant to the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, and the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

Posting of the Inspection Report and Plan of Correction (POC)

A copy of this inspection report and plan of correction, if required, must be displayed in the assisted living community in a location that is routinely used by the community to communicate information to residents and visitors. The POC should not be sent to the Department.

To be acceptable, the POC must:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the residence will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be no later than thirty (30) days from the date of the survey.

Statement of Disagreement

If the administrator/on-site manager disagrees with any of the deficiencies cited in this report, he/she may send a written statement of disagreement to the Regional Director to be reviewed. This must be submitted within ten (10) days of receipt of this letter and must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results.

If you have any questions or if we may be of assistance, please do not hesitate to call or write us.

Sincerely,



Sammy Foster, Regional Director
Personal Care Home Program
Healthcare Facility Regulation Division

Attachment

cc: Facility File

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2020
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NAME OF PROVIDER OR SUPPLIER HISTORIC ROSWELL PLACE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAGNOLIA ST ROSWELL, GA 30075
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 000	Initial Comments. >>>>The purpose of this visit was to investigate #GA00201789. An onsite visit was made on 1/14/20, and the investigation was completed on 1/15/20. No rule violations were cited as a result of this investigation.	L 000		
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State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____