



October 20, 2021

Keith Izydore, General Manager  
Parc At Piedmont  
999 Hood Road  
Marietta, GA 30068

Dear Mr. Izydore:

### Report of Most Recent Survey

On October 15, 2021, staff from the Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program, completed a survey of Parc At Piedmont, located at 999 Hood Road, Marietta, Georgia. Based on the survey findings, no violations of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62, 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 can be 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 Personal Care Homes, Chapter 111-8-62, 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.

### Plan of Correction (POC)

If violations are cited on this survey report, a POC must be submitted within ten (10) days of receipt of this letter. Mail the POC to DCH-HFRD, Personal Care Home Program, 2 Peachtree Street, Suite 31.447, Atlanta, Georgia 30303-3142, or email to [HFRD.pch@dch.ga.gov](mailto:HFRD.pch@dch.ga.gov). The date by which corrections must be completed shall be no later than thirty (30) days from the date of the survey. **Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. You will not receive a response from the Department as to whether the POC is acceptable or unacceptable. The POC will be reviewed along with the follow up inspection, as necessary.**

The POC shall:

- 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 facility will monitor the corrections to achieve and maintain compliance.

### Statement of Disagreement



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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. This statement will be separate from the plan of correction.

### **Posting of the Inspection Report**

The Personal Care Home Rules and Regulations require that all survey reports must be displayed in a conspicuous place on the premises. The attached survey report will be on file and will be available online at <https://forms.dch.georgia.gov/HFRD/>.

If you have any questions or if you would like to file a facility reported incident please use the following link: [https://forms.dch.georgia.gov/HFRD/HFR\\_Complaint\\_Form.htm](https://forms.dch.georgia.gov/HFRD/HFR_Complaint_Form.htm)

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

John Berry, 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:  <b>PCH009206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARC AT PIEDMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>999 HOOD ROAD MARIETTA, GA 30068</b>
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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
A 000	<p>Opening Comments.</p> <p>&gt;&gt;&gt;&gt; The purpose of this visit was to complete the annual compliance inspection. No rule violations were cited as a result of this inspection.</p>	A 000		

State of GA Inspection Report  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_