



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

Brian P. Kemp, Governor  
Berry, Commissioner

Frank W.

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2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | [www.dch.georgia.gov](http://www.dch.georgia.gov)

**IMPORTANT NOTICE – PLEASE READ CAREFULLY  
(Receipt of this Notice is presumed to be July 2, 2020)**

July 2, 2020

Gerialean Cooper, Administrator  
William Breman Jewish Home, The  
3150 Howell Mill Road N.W.  
Atlanta, GA 30327  
[gcooper@jewishhomelife.org](mailto:gcooper@jewishhomelife.org)

**SUBJECT: Survey Results  
CMS Certification Number: 115022**

Dear Gerialean Cooper:

**SURVEY RESULTS**

On June 16, 2020, the Georgia Survey Agency completed COVID-19 Focused Survey at William Breman Jewish Home, The to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that no deficiencies were cited. A copy of the CMS Form 2567 is attached.

**QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES**

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at [QIO Program Website](#). This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at [Locate Your QIO](#).

**CONTACT INFORMATION**

If you have any questions regarding the Focused Infection Control Survey results, please contact Jan Dunaway RN, Regional Director at 404-719-8223 or via [janice.dunaway@dch.ga.gov](mailto:janice.dunaway@dch.ga.gov).

Sincerely,

*Jan Dunaway R.N.*

Jan Dunaway RN for Robbie Dunbar  
Regional Director, NW

cc: Melanie Simon, HFRD Chief  
CMS Atlanta State Team Coordinator  
State Medicaid Agency  
Stephanie M. Davis, LTC Enforcement Branch Manager  
Jill Jones, LTC Survey Branch Manager

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/16/2020
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NAME OF PROVIDER OR SUPPLIER  WILLIAM BREMAN JEWISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 HOWELL MILL ROAD N.W. ATLANTA, GA 30327
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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) COMPLETION DATE
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted The William Bremen Jewish Home on June 16, 2020. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6).</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  WILLIAM BREMAN JEWISH HOME, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 HOWELL MILL ROAD N.W. ATLANTA, GA 30327		
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F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted at The William Bremen Jewish Home on June 16, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The total census was 76.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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