

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Richmond, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1227 West Wheeler Parkway Augusta, GA 30909	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations and resident and staff interviews, the facility failed to ensure one of 65 sampled residents (R) (R22) was provided with a call device to accommodate their needs. This deficient practice had the potential to place R22 at risk of unmet care needs and a diminished quality of life. Findings include: Review of the electronic medical record (EMR) for R22 revealed an admission date of 11/9/2023 with diagnoses including, but not limited to, non-traumatic brain dysfunction, non-Alzheimer's dementia, and depression. Review of the Quarterly Minimum Data Set (MDS) assessment for R22, dated 8/12/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 14. Section GG (Functional Status and Abilities) documented that R22 had impairment on one side, was dependent for eating, oral hygiene, and personal hygiene. Review of the care plan for R22, dated 11/9/2023, revealed Problem areas of falls risk and vision deficit. Approaches included, but were not limited to, keeping the call light within reach. Observation and interview on 9/2/2025 at 3:15 pm revealed R22 attempting to press his call light button four times, with the light not coming on. R22 stated he was pressing the button and thought the light was on; however, it did not come on outside the door until the fourth time he pressed the button. R22 stated that the button was hard for him to press sometimes. He further stated he knows the light should come on and blink, but he could not see if the light was blinking. In an interview on 9/09/2025 at 5:47 pm, a family member of R22 revealed that it was difficult for R22 to press the call light button on his bed due to his hands going numb. Observation on 9/9/2025 5:50 pm, with Certified Nursing Assistant (CNA) DD present, revealed R22 was unable to successfully press the call light button. R22 expressed numbness in his hand when trying to press the button on the call light. CNA DD confirmed R22 was unable to activate the call light independently. In an interview on 9/9/2025 at 6:06 pm, the Assistant Director of Nursing (ADON) stated the facility had just gotten a new call light system, and the touch pads for the system had just come in. Observation on 9/9/2025 at 6:10 pm revealed the Maintenance Director attempted to change the call light button to a tap pad call light for R22. When instructing R22 on how to use the call light device, the Maintenance Director discovered that the tap pad call light was not compatible with the new call light system. In an interview on 9/9/2025 at 6:34 pm, the Maintenance Director stated the facility had a new call light system, and the touch pads they ordered were not compatible with the new system. He stated the facility would initiate providing residents with bells and every two-hour checks. In an interview on 9/10/2025 at 2:32 pm, Licensed Practical Nurse (LPN) MM revealed that the new call light system was put in around June or July. Since then, there had been no formal directive given to him to see if each resident was able to press the call light button until 9/9/2025. LPN MM stated that the process for assessing the resident involved visually checking to see if any residents might have trouble pressing the call light button. In an interview on 9/10/2025 at 3:46 pm, the Director of Nursing (DON) revealed the new call light system was installed in the latter part of May and the early part of June. The DON stated an assessment had been completed with the old system to see if the residents needed a touch pad or a regular button for call lights. The DON further revealed that call device assessments had not been completed with the new call light system. In an interview on 9/10/2025 at 4:24 pm, the Administrator stated he expected the equipment to be functional for residents. He stated the new call light system was installed on June 26, 2025, and stated he was not present during the call light system check when maintenance and the call light agency installed it to see if the call lights were accommodating for each resident.</p>		