STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2025
NAME OF PROVIDER OR SUPPLIER: Pruitthealth - Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE: 205 Roadrunner Boulevard Lafayette, GA 30728	

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 38991 Based on observations, record reviews, staff interviews, and review of the facility's policy titled, Care Plans, the facility failed to implement the care plan related to oxygen (O2) therapy for one of 17 residents (R) (R21) receiving oxygen. The deficient practice had the potential for R21 not to receive treatment and/or care according to their needs. Findings include: Review of the facility's policy titled Care Plans revised 7/27/2023 revealed under Admission Comprehensive Plan of Care: . 4. The goal is an expected outcome the patients/residents should achieve by implementing specific interventions. Review of the 12/27/2024 quarterly Minimum Data Set (MDS) for R21 revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition and is on oxygen therapy. Review of the care plan dated 5/24/2024 revealed R21 has oxygen use related to failure to maintain oxygen saturation above 90 percent and has shortness of breath when lying flat. Interventions include but is not limited to oxygen as ordered. Review of physician orders for R21 revealed an order on 12/11/2024 for Oxygen at 2 Liters Per Minute (LPM) via nasal cannula (NC) to keep O2 Saturations (Sats) greater than 90 percent. Observation on 3/14/2025 at 8:23 am revealed R21 resting in bed. She was clean with no odors present. O2 was in place via NC. O2 was set at a flow rate of 1.5 LPM. Interview during this time with R21 revealed she received 2 liters of O2. Observation on 3/15/2025 at 7:31 am revealed R21 resting in bed. She was clean with no odors present. O2 in place via NC. O2 remained at 1.5 LPM. (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A joint interview on 3/15/2025 at 9:05 am with MDS Coordinator AA and MDS Coordinator BB revealed it was the responsibility of the nurse to ensure new care plans were put into place or that new interventions were put into place on current care plans. They revealed they were made aware of any changes or newly added interventions to care plans during the morning meeting and by reviewing resident charts. MDS Coordinators AA and BB revealed that the staff were very good about letting them know when changes had been made to the care plans and stated that it was the responsibility of the Unit Managers (UM) to ensure staff were educated on what was on the care plan and that they understood the care plan was how they would know the care needs of a particular resident as each care plan was person centered. Interview on 3/15/2025 at 9:17 am with UM CC with UM DD present revealed that during the orientation process and periodic in-services she taught how staff should look at the resident profile and the care plan to understand care needs for an individual resident. She stated for O2 therapy she taught the staff to bend down at eye level with the O2 gauge to ensure the resident was on the ordered LPM and it was her expectation that staff were looking at the care plan, and following those directions to ensure the care plan was being followed based on the physician ordered LPM.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 38991 Based on observations, record review, staff and resident interviews, and review of the facility's policy titled, Oxygen (O2) Administration, the facility failed to ensure that (O2) concentrators were clean, and O2 orders were followed for two of 17 residents (R) (R21 and R6) receiving O2. The deficient practice had the potential to place the residents at risk for medical complications, unmet needs, and a diminished quality of life. Findings include: Review of the facility's policy titled Oxygen Administration revised 8/20/2023 revealed a Policy Statement: It is the policy of this facility to provide oxygen safely and accurately to appropriate patients/residents. Under Safety revealed: . 10. Clean exterior of concentrators weekly and between each patient/resident use with bactericidal surface cleaner. 1. Review of the 12/27/2024 quarterly Minimum Data Set (MDS) for R21 revealed a Brief Interview for Mental Status score (BIMS) of 13, indicating intact cognition and is on oxygen therapy. Review of the care plan dated 5/24/2024 revealed R21 has oxygen use related to failure to maintain oxygen saturation above 90 percent and has shortness of breath when lying flat. Interventions include but is not limited to oxygen as ordered. Review of physician orders for R21 revealed an order on 12/11/2024 of Oxygen at 2 Liters Per Minute (LPM) via nasal cannula (NC) to keep oxygen (O2) Saturations (Sats) greater than 90 percent. Observation on 3/14/2025 at 8:23 am revealed R21 resting in bed. She was clean with no odors present. O2 was in place via NC. The vent on the back of the O2 concentrator had gray, dusty debris noted. O2 was set at 1.5 LPM. Interview during this time with R21 revealed she received 2 liters of O2. Observation on 3/15/2025 at 7:31 am revealed R21 resting in bed. She was clean with no odors present. O2 in place via NC. The vent on the back of the O2 concentrator continued to have gray, dusty debris noted. O2 remained at 1.5 LPM. 2. Review of the 1/9/2025 quarterly MDS for R6 revealed a BIMS score of 15, indicating intact cognition and is on oxygen therapy. Review of the care plan dated 5/30/2024 revealed R6 has oxygen and is short of breath lying flat with an intervention of Oxygen to maintain O2 at 92 percent. Review of physician orders for R6 revealed an order on 2/7/2025 for Oxygen at 2 Liters Per Minute (LPM) continuously. Observation on 3/14/2025 at 8:30 am revealed R6 resting in bed. She was clean with no odors present. O2 was in place via NC. The vent on the back of th eO2 concentrator had gray, dusty debris noted. O2 was at 1. 5 LPM. Interview during this time with R6 revealed she was on 2 LPM of O2. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 3/15/2025 at 7:40 am revealed R6 resting in bed. She was clean with no odors present. O2 was in place via NC. The vent on the back of the O2 concentrator continued to have gray, dusty debris noted. O2 remained at 1.5 LPM. Observation and interview on 3/15/2025 at 7:50 am with Registered Nurse (RN) EE revealed it was the responsibility of housekeeping to clean the O2 concentrators. He stated he ensured the humidifiers were filled and would change out tubing when needed. During this time the weekend supervisor verified that the side vent on the O2 concentrator for R21 and R6 had gray, dusty debris and that the Physician order for R21 and R6 was for O2 at 2 LPM and that R21 and R6's concentrators were set on 1.5 LPM.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33548 Based on observations, staff interviews, and review of facility policy titled, Food Ordering, Receiving, and Storage, the facility failed to store food off the floor and failed to remove dented canned food item from the storage rack. The deficient practice had the potential to affect 70 of 73 residents receiving an oral diet. Findings include: Review of the facility policy titled Food Ordering, Receiving, and Storage revealed under Procedure: . 9. Dented cans should be kept in a separate designated area with a dented can sign, and away from regular stock. The policy also stated under Storage and Rotation Guidelines: . Food should be stored six inches from the floor. 1. Observation on 3/14/2025 at 8:00 am of the nursing staff break room revealed 29 cases of emergency water stored directly on the floor. Observation on 3/14/2025 at 8:22 am of the walk-in freezer revealed a case of sliced yellow squash and a case of split top white bread directly on the floor. During an interview on 3/14/2025 at 8:22 am the Dietary Manager (DM) revealed that they could use more food storage shelves for the freezer, but it had not been requested. Observation on 3/15/2025 at 7:45 am of the nursing staff break room revealed that the 29 cases of emergency water remained stored directly on the floor. Observation on 3/15/2025 at 8:25 am of the walk-in freezer revealed that the case of sliced yellow squash and case of spit top white bread remained directly on the floor. During an interview on 3/15/2025 at 8:25 am, the DM confirmed that the two cases of food were stored on the floor. The DM stated that the cases had been stacked, and the stack tipped over causing the two cases to be directly on the floor. The DM revealed that all food items should be stored off the floor. During an interview on 3/15/2025 at 2:30 pm, the Administrator confirmed that the cases of emergency water were stored directly on the floor in the nursing staff break room. The Administrator revealed he approved for staff to store the emergency water in the break room to prevent them from freezing in the outside storage shed. When asked why the cases were not stored off the floor and stored on empty crates or pallets, he stated that he could have but did not. During an interview on 3/16/2025 at 9:05 am, the Administrator revealed that he expected all food items not to be stored on the floor. 2. Observation on 3/14/2025 at 8:25 am of the dry storage area revealed a large can of sliced beets in the can rack that had a large dent to the side. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 3/14/2025 at 8:25 am, the DM confirmed that the can of sliced beets were stored in the can rack and that the can had a large dent on the side. The DM revealed that all dietary staff were responsible for assisting with putting groceries away when they were delivered and if any can(s) had a dent, dietary staff were to place them by the back door. The DM stated that dietary staff should not have put the can in the storage rack.