

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Brookhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 3535 Ashton Woods Drive NE Atlanta, GA 30319	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272</p> <p>Based on resident and staff interviews, record review and review of the facility's policy titled Resident Trust Fund Policy, the facility failed to provide a quarterly statement to seven residents (R) (R89, R50, R46, R108, R92, R20, R7) and the facility failed to employ proper bookkeeping techniques for two residents (R89 and R46) out of 65 sampled residents. This had the potential to affect residents with trust fund accounts managed by the facility, affect the residents' financial records and overall transparency, potentially leading to confusion or errors in their account balances.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Resident Trust Fund Policy, revised on 6/4/2024 under the Policy Statement revealed, It is the policy of [Name of Organization] and its affiliated Healthcare Centers (collectively, the Organization to protect patients' funds in accordance with applicable regulatory guidelines, as addressed in the Omnibus Budget Reconciliation Act of 1990 (OBRA) and relevant state policies. Under the section titled Scope revealed, This policy applies to all [Name of Facility] Healthcare Centers (HCCs or facilities). The Administrator of each HCC should ensure compliance with the procedures described below, as well as any additional state-specific policies that may apply.</p> <p>1. Review of R89's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated the resident was cognitively intact.</p> <p>An interview conducted on 11/6/2024 at 9:28 am with R89 revealed he had never received a quarterly statement since he had been in the facility and stated he had concerns regarding the amount of money he had in his account. R89 stated sometimes when he asked the facility for money, they don't always give him all the money he requests.</p> <p>Review of R46's Annual MDS assessment dated [DATE] which revealed, a BIMS summary score of 15, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 at 11:55 am with R46 revealed she had received her resident statement for the first time on 11/6/2024 but was unable to read her statement and asked for assistance by the facility.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R50's Quarterly MDS assessment dated [DATE] which revealed, a BIMS summary score of 13, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 at 1:13 pm with R50 revealed she had never received a quarterly statement from the facility.</p> <p>Review of R108's Quarterly MDS assessment dated [DATE] which revealed, a BIMS summary score of 15, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 at 9:22 am with R108 revealed he did not know how much money he had because the facility does not provide a statement. R108 stated when he would ask questions to the Financial Counselor, she would state she would come back to address his questions and would never come back.</p> <p>Review of R92's revealed Quarterly MDS assessment dated [DATE] revealed, a BIMS summary score of 15, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 with R92 revealed the facility did not give him a statement or anything. R46 confirmed no one had come to talk with him about anything financially related.</p> <p>Review of R20's Quarterly MDS assessment dated [DATE] revealed, a BIMS summary score of 12, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 at 11:45 am with R20 revealed he was unaware of a resident statement and denied receiving any information.</p> <p>Review of R7's Annual MDS assessment dated [DATE] revealed, a BIMS summary score of 15, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/5/2024 at 1:22 pm with R7 revealed she had never received a quarterly statement since she had been at the facility. R7 stated she requested one from the Financial Counselor, but she never brought her one.</p> <p>An interview conducted on 11/6/2024 at 2:00 pm with the Financial Counselor revealed she was supposed to send out resident's quarterly statements every three months. She stated the last statement she sent out was in September 2024. The Financial Counselor further stated she had never given out a printed copy of the resident's statements, but if they ask for one, she will provide one for them. The Financial Counselor further stated she was aware she was supposed to provide a copy to the residents of their quarterly statement, but she doesn't necessarily provide it to everyone because it's a lot of residents. She further stated she doesn't review the quarterly statement with everybody, but with the residents that like to be on top of it</p> <p>An interview conducted on 11/7/2024 at 2:19 pm with the Administrator revealed her expectations that the facility follows the Center for Medicaid and Medicare Services (CMS) guidelines for residents and their representatives to be provided with a quarterly statement. The Administrator further revealed that she has provided in-service education for the financial counselor of CMS guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R89's Quarterly MDS assessment dated [DATE] revealed, a BIMS summary score of 15, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 at 9:28 am with R89 revealed he has never received a quarterly statement since he has been in the facility and stated he has concerns regarding the amount of money he has in his account. R89 stated sometimes when he asks the facility for money, they don't always give him all the money he requests.</p> <p>Review of R46's Annual MDS assessment dated [DATE] revealed, a BIMS summary score of 15, which indicated little to no cognitive impairment.</p> <p>An interview conducted on 11/6/2024 at 11:55 am with R46 revealed she had received her resident statement for the first time on 11/6/2024 but was unable to read her statement and asked for assistance by the facility.</p> <p>Record review on 11/7/2024 with the Administrator, [NAME] President of Regional Area, Financial Counselor and Administrative Assistant in Training of R89's Resident Statement Landscape from RFMS revealed the following discrepancies on his statement landscape:</p> <ul style="list-style-type: none"> - On 1/24/2024, an entry was made for a debit of \$3.50 to Petty Cash for the Snack Bar, but no entry was found on the snack sheet for the service date of 1/19/2024. - On 7/25/2024, an entry was made for a debit of \$12.00, paid to [Name of Facility] Snacks for the Snack Bar, but no entry was found on the snack sheet for the service date of 7/19/2024. - On 7/22/2024, an entry was made for a debit of \$4.36, paid to [Name of Facility] Snacks for the Snack Bar, but a duplicate entry was found for the service date of 7/15/2024. - On 10/17/24, an entry was made for a debit of \$22.00 to Petty Cash for a Resident Advance Check, but no cash receipt was found for the service date of 10/8/2024. <p>Record review on 11/7/2024 with the Administrator, [NAME] President of Regional Area, Financial Counselor and Administrative Assistant in Training of R46's Resident Statement Landscape from RFMS revealed the following discrepancies on his statement landscape:</p> <ul style="list-style-type: none"> - On 8/15/2024, an entry was made for a debit of \$25.00 for Personal Needs Items, but the cash receipt recorded that \$20.00 was given on the service date of 8/10/2024. - On 8/6/2024, an entry was made for a debit of \$15.00, paid to [Name of Facility] Snacks for the Snack Bar, but no entry was found on the snack sheet for the service date of 7/30/2024. - On 9/4/2024, an entry was made for a debit of \$20.00 to Petty Cash for a Resident Advance Check, but no cash receipt was found for the service date of 8/28/2024. - On 10/1/2024, an entry was made for a debit of \$15.00, paid to [Name of Facility] Snacks for Personal, but the name was not found on the snack sheet for the service date of 9/30/2024. <p>(continued on next page)</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted on 11/7/2024 at 5:14 pm with the Administrator revealed a reconciliation will be reviewed and reimbursements will be made as appropriate. The Administrator revealed a facility wide audit will be conducted in the month of November 2024. Furthermore, the Administrator revealed the Financial Counselor had been put on a Performance Improvement Plan since 10/18/2024. The Administrator revealed the expectations were that the facility follow basic accounting standards.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>49673</p> <p>Based on staff interviews, record review, and review of the facility's policy titled Advance Beneficiary Notice of Noncoverage, the facility failed to provide the Notice of Medicare Non-Coverage (NOMNC) to one of three residents (R) (R31) reviewed for Beneficiary Notification who remained in the facility and was discharged from Medicare Part A services.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled,Form Instructions Advance Beneficiary Notice of Noncoverage, under the section titled Overview revealed, they must complete the ABN as described below and deliver the notice to affected beneficiaries or their representative before providing the items or services that are the subject of the notice. The ABN must be delivered far enough in advance that the beneficiary or representative has time to consider the options and make an informed choice.</p> <p>Review of clinical records under Resident Census tab for R31 revealed on 5/2/2024 R31 was skilled Medicare part A and on 5/10/2024 a payer change was indicated.</p> <p>Review of clinical records for R31 revealed no evidence that a Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) form or a Notice of Medicare Non-Coverage (NOMNC) was provided.</p> <p>Interview on 11/5/2024 at 3:26 pm with the Social Service Coordinator verified R31 was discharged from Part A services with days remaining on 5/10/2024 according to the census. She stated in her professional opinion he should have received both an ABN and a NOMNC prior to discharge on 5/10/2024. She stated she was not sure why he was discharged from part A services. She revealed that she thought maybe he had been admitted to the hospital but after review of the records she discovered he was not admitted to the hospital at the time of this discharge from part A services on 5/10/2024. She stated he should have received an ABN and NOMNC at least 48 hours prior to last covered date. She stated the outcome of not providing the ABN & NOMNC could cause a disadvantage to patient resulting in them not being able to file an appeal or be skilled when they could have been and to receive the services they need.</p> <p>Interview on 11/5/2024 at 3:47 pm with the Administrator confirmed and verified that R31 was discharged from Part A Services on 5/10/2024 and she was not sure why he was discharged from Part A services. She stated her expectation was that the facility follows CMS guidelines to ensure ABNs and NOMNC were issued timely. She revealed the possible outcome of not providing notification to residents could negatively impact care and services the resident was entitled to.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>49673</p> <p>Based on observations, resident and staff interviews, the facility failed to provide a safe environment as evidenced by loose wires were exposed unsecured in the room of one of 65 sampled residents (R) R50. The deficient practice had the potential to increase the risks of an accident.</p> <p>Findings include:</p> <p>Review of Electronic Medical Records (EMR) revealed, R50 was admitted with diagnoses that included but were not limited to muscle weakness, cognitive communication deficit, lack of coordination, ataxic gait, lack of physical exercise, dementia, repeated falls, and altered mental status.</p> <p>Review of R50's care plan dated 10/10/2024 revealed, a Problem Category: Falls, Patient/ resident at risk for falls related to fall on 5/9/2024 with Goal that patient/ resident will not sustain injury related to falling through next review; Approaches included but not limited to: assist with toileting and transfers pm, cue for safety awareness, keep environment safe, place call light within reach.</p> <p>Observation on 11/4/2024 at 1:45 pm revealed R50 sitting in wheelchair beside her bed. There were loose wires in the corner of R50's room hanging from the wall on the right side of her room near her rolling walker. One of the wires was noted to have an uncovered end.</p> <p>Observation on 11/5/2024 at 3:22 pm revealed R50 sitting up in bed. There were loose wires in the corner of R50's room hanging from the wall on the right side of her room near her rolling walker. One of the wires was noted to have an uncovered end.</p> <p>Observation on 11/6/2024 at 1:05 pm revealed R50 lying in bed. There were loose wires in the corner of R50's room hanging from the wall on the right side of her room near her rolling walker. One of the wires was noted to have an uncovered end.</p> <p>Observation and interview on 11/7/2024 at 10:10 am revealed R50 sitting in chair at the foot of her bed. There were loose wires in the corner of R50's room hanging from the wall on the right side of her room near her rolling walker. One of the wires was noted to have an uncovered end.</p> <p>R50 revealed that she uses her walker for ambulation which was located near the loose wires. She revealed, the loose wires had been there for a while, and no one had moved them.</p> <p>Interview on 11/7/2024 at 10:13 am with the Maintenance Assistant confirmed the loose wires were present in the corner of R50's room and the wires should not be there. He stated the lose wires were a cable wire, telephone cord and was unsure what the third wire was which had an uncovered end. He further stated the loose wires could cause the resident to trip and fall and get hurt. He also stated the resident could be electrocuted if the loose wires came in contact with water.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/7/2024 at 10:19 am with Licensed Practical Nurse (LPN) UU revealed, confirmed the loose wires in the resident's room were not to be there. She stated the wires were an accident hazard.</p> <p>Interview on 11/7/2024 at 10:25 am with Certified Nursing Assistant (CNA) confirmed the loose wires were in R50's room and stated the wires should not be there. She stated R50 could get hurt by the loose cords being in her room.</p> <p>Interview on 11/7/2024 at 11:14 am with Maintenance Director revealed, his expectations were for a safe environment to be maintained for the residents and that no loose wires should be present in R50's room. He stated the outcome would be R50 could trip on the wires and hurt herself.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on staff interviews and record review, the facility failed to ensure comprehensive Minimum Data Set (MDS) assessments were completed and submitted for one of three Residents (R) (R31) reviewed for Beneficiary Notification. Specifically, the facility failed to complete and submit a Part A Prospective Payment System (PPS) Discharge MDS assessment for R31.</p> <p>Findings include:</p> <p>Review of the Electronic Medical Record (EMR) for R31 revealed the resident was admitted on [DATE] and discharged from Medicare Part A Services on 5/10/2024.</p> <p>Review of MDS 3.0 Resident assessments for R31 dated 5/2/2024 revealed an entry assessment was completed and accepted. Further review revealed on 5/9/2024 an assessment coded as NPE (Nursing Home Part A PPS Discharge) was deleted.</p> <p>Interview on 11/6/2024 at 4:48 pm with the Registered Nurse (RN) Clinical Reimbursement Consultant CC verified and confirmed that there was not a Part A PPS Discharge Assessment completed for the last covered day of part A services on 5/10/2024. She verified and confirmed the Census revealed, R31 was discharged from Medicare part A services on 5/10/2024. She revealed that a discharge MDS assessment was started on 5/9/2024 but was deleted and not submitted. She stated she was not sure if there should have been a Part A PPS Discharge Assessment completed for the end of part A services dated 5/10/2024. She stated the process was that they follow the MDS Manual for completing Medicare discharge assessments.</p> <p>Interview on 11/7/2024 at 9:38 am with the Administrator confirmed and verified the MDS discharge assessment was started but deleted on 5/9/2024. She confirmed it was not submitted. She stated her expectation was for the MDS coordinator to follow CMS and resident assessment instrument (RAI) guidelines assessment for completion of assessments in a timely manner. She stated if this was not done in a timely manner it had the potential for negative outcome for assessments not to be completed timely which could affect care, services and finances.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524</p> <p>Based on record reviews and staff interviews the facility failed to screen one of two residents (R) R119 reviewed for Pre-Admission Screening and Record Review (PASARR). This deficient practice had the potential to cause R119 to not receive care and services in the most integrated setting appropriate to his needs and have diminished quality of life.</p> <p>Findings include:</p> <p>Review of Electronic Medical Records (EMR) for R119 revealed, he was admitted on [DATE] with diagnoses that included but not limited to Autistic Disorder (AD).</p> <p>Review of R119's quarterly Minimum Data Set (MDS) dated [DATE] for Section C (Cognitive Pattern) revealed, a Brief Interview of Mental Status (BIMS) of three which indicated severe cognitive impairment, Section I (Active Diagnosis) revealed, Non-Traumatic Brain Dysfunction.</p> <p>Review of R119's admission Minimum Data Set (MDS) dated [DATE] for Section C (Cognitive Pattern) revealed, a Brief Interview of Mental Status (BIMS) of three which indicated severe cognitive impairment, Section I (Active Diagnosis) revealed, Depression.</p> <p>Review of R119's admission referral dated 6/15/2024 revealed, R119 had a past medical history of Autism.</p> <p>Review of R119's PASRR Level I Assessment form dated 6/18/2024 revealed, he did not have a Primary Diagnosis of Serious Mental Illness, developmental disability or related condition.</p> <p>Interview on 11/5/2024 at 2:00 pm with Social Services Coordinator QQ revealed, that residents were admitted with a PASARR Level I and if they have behaviors, they are referred for a psychiatric evaluation.</p> <p>Interview on 11/6/2024 at 10:09 am with Social Services Coordinator QQ revealed, she had not submitted a referral for PASARR Level II assessment for R119. She confirmed R119 had been in the facility for almost four months and had not been referred for a PASARR Level II assessment.</p> <p>Interview on 11/7/2024 at 10:07 am with Social Services Coordinator QQ revealed, a review of the residents' diagnoses and medications were to be done on admission. She stated that if a resident had a diagnosis, that would prompt submission for a PASARR level II referral, then it should be done as soon as possible. She stated if a PASARR level II referral was not done as close to admission as possible, R119 would be missing extra services he would have benefited from and missing out on treatment which would help him.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/7/2024 at 11:36 am with the Administrator revealed, PASARR Level II referrals were to be completed at the time of admission. She also stated that based on the Level I assessment results, if a Level II was triggered, it should be completed timely. She confirmed that R119 was admitted [DATE] and should have had a PASARR Level II referral done as close to admission as possible. The Administrator also confirmed that the PASARR Level II referral had not yet been done for R119. She stated the outcome for R119 not having a PASARR Level II referral and assessment done could cause a potential negative outcome for R119.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on staff interviews, record reviews, and review of the facility's policy titled Care Plans, the facility failed to develop a baseline care plan that addressed care and management for a PICC (peripherally inserted central catheter) line within 48 hours of admission for one of four residents (R) R542 reviewed with PICC lines. This deficient practice had the potential to increase the resident's risk of adverse health outcomes related to PICC lines.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care Plan dated 12/31/1996 under the section titled, Procedure revealed, New Admission Baseline Plan of Care 1. Upon a new admission, a baseline care plan will be developed by the attending nurse/nurses in conjunction with other Inter- Disciplinary Team (IDT), the patient, resident and or patient /resident representative. The baseline care plan should be initiated in 24 hours and will be completed and implemented within 48 hours of admission. 2. The Baseline Care Plan will be updated to reflect changes to approaches as necessary that result from significant changes in condition or needs, occurring prior to the development of a comprehensive care plan. 3. Within the first few days of admission, a post admission care conference will be held for updates and review of the baseline care plan. The baseline care plan should be updated to reflect changes since baseline care plan implementation .</p> <p>Review of Electronic Medical Records (EMR) revealed, R542 was admitted to the facility on [DATE] with a right upper arm PICC line for the administration of antibiotics.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed, it had not been completed related to R549 was recently admitted on [DATE].</p> <p>Review of Care Plan dated 11/6/2024 revealed, no evidence of PICC line care and management.</p> <p>Review of Physician orders dated 11/5/2024 documented orders included but not limited to CENTRAL Access Device MAINTENANCE: Change dressing every (Q) week.</p> <p>Change injection caps with or without extension tubing Q week, after blood draws.</p> <p>Once A Day on Mon Days 07:00 AM - 07:00 PM 11/5/2024</p> <p>CENTRAL Access Device MAINTENANCE: Change dressing Q week. Change injection caps with or without extension tubing Q week, after blood draws.</p> <p>Once A Day on Mon Days 07:00 AM - 07:00 PM 11/05/2024</p> <p>Review of Nursing Progress Notes dated 10/31/2024 revealed, R549 was admitted to PH with a right upper arm picc [sic] line for the administration of antibiotics (ceftriaxone and metronidazole). Per PH SOP and the CDC's recommendations, Enhanced Barrier Precautions have been implemented.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/5/2024 at 1:14 pm with MDS Coordinator revealed, nursing staff implemented care plans and MDS checked would check the entire care plan afterwards.</p> <p>Interview on 11/5/2024 at 2:19 pm with Assistant Director of Health Services (ADHS) revealed care plans were initiated by the ADHS, the Director of Health Services (DHS), the Nurse Navigator and the Unit Manager. The ADHS further stated whenever a resident was admitted, a baseline care plan was to be done within 48 hours. The ADHS stated, If a resident had specialized care, it was important for it to be care planned. She stated if specialized care was not care-planned for a resident, the outcome would be missed care and serious outcomes for the resident.</p> <p>Interview on 11/7/2024 at 9:45 am with Clinical Re-imburement Coordinator (CRC)/ Consultant revealed nursing staff initiates care plan and follow up was done by MDS staff to ensure the resident received care. She stated the IDT team also check and ensure care plans were done. The CRC/Consultant confirmed that no care plan was done for R549's PICC line care and management since his admission on 10/30/2024 until 11/7/2024. She stated her expectation was for R549's PICC line care and management should have been care planned within 48 hours of admission.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on staff and resident interviews, record reviews, and review of the facility's policy titled Care Plans, the facility failed to develop a resident centered care plan for one of five residents (R) R68 reviewed for unnecessary medication use, that included problem, goals or interventions related to diuretic use, and one of six residents (R101) for enteral feedings received through a gastrostomy tube (G-tube). In addition, the facility failed to develop a comprehensive care plan for one of four residents (R6) with a seizure disorder that included necessary seizure precautions, to ensure the resident's optimal physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Review of the policy titled Care Plans, with an effective date of 12/31/1996, under the Policy Statement revealed, It is the policy of the health care center for each resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following the completion of the [NAME] Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and the patient/resident choice. Under the section titled Person -Centered Care revealed, Focus is on the resident as the center of control. Supports each resident in making his or her own choices. Includes trying to understand what each resident is communicating, verbally and nonverbally, to identify what is important to each resident regarding daily routines and preferred activities and having and understanding of the resident's life before coming to reside in the health care center.</p> <p>1. Review of the Electronic Medical Record (EMR) for R68, revealed that he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to cerebral infarction, hemiplegia and hemiparesis of right dominant side, dementia, psychosis, major depressive disorder, hereditary and idiopathic neuropathy, chronic diastolic (congestive) heart failure, pain and chronic atrial fibrillation.</p> <p>Review of the physician medication orders for R68 revealed that he received Eliquis (anticoagulant) dated 11/2/2024, furosemide (diuretic) dated 3/25/2024, Jardiance (diabetic medication) dated 11/2/2024, tramadol (pain medication) dated 9/13/2024, trazodone (anti-depressant) dated 3/25/2024, Zolofl (anti-depressant) and Zyprexa (antipsychotic) dated 3/25/2024. Further review revealed, non-medication orders that included, monitor resident for signs and symptoms of bleeding/bruising every shift, monitor for signs and symptoms of hypo/hyperglycemia every shift, Pain evaluation every shift and monitor for medication side effects: Behavior Monitoring</p> <p>Review of the quarterly minimum data set (MDS) for R68, dated 9/20/2024, for Section N (Medications) revealed that he was receiving antipsychotic, antidepressant, anticoagulant, diuretic, opioid, and hypoglycemic as a resident.</p> <p>Review of the care plan last reviewed/revised date of 9/15/2024 revealed that R68 had risk for abnormal bleeding or hemorrhage because of anticoagulation usage, psychotropic drug use (trazodone, Zolofl, Zyprexa), resident has pain, resident at risk for falls related to hypertension, psychotropic medication use.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the EMR for R101, revealed that he was admitted to the facility on [DATE], with diagnoses that included but were not limited to cerebral infarction, enterocolitis due to clostridium difficile, contractures of right upper arm, dysphagia, depression, pneumonitis due to inhalation of food and gastrostomy status.</p> <p>Review of the physician orders for R101, revealed orders for enhanced barrier precautions due to having a g-tube dated 9/18/2024, G-tube to be checked for residual before feeding and G-Tube placement to be checked prior to medication administration dated 8/1/2024; and Jevity 1.5 (feeding formula) to be administered through the G-tube at 55 milliliters (mL) an hour for 22 hours a day with feeding to be turned on at 10 am and then turned off at 8 am dated 10/7/2024.</p> <p>Review of the admission MDS dated [DATE], for R101 for Section K (Swallowing/Nutritional status) revealed, that the resident had a gastrostomy tube, and received feedings as a resident and before becoming a resident.</p> <p>Review of the care plan for R101 revealed, he was at risk for dehydration/malnutrition, related to C-difficile, pressure ulcers, and G-tube dated 8/1/2024. The resident received mechanically altered, pureed diet and enteral nutrition support related to a history of cardiovascular accident (CVA), dysphagia, and difficulty with self-feeding dated 8/5/2024. There were no interventions in place related to G-tube or enteral nutrition except for enteral nutrition as ordered and encourage oral meal and fluid intake. There were no interventions in place for G-tube care.</p> <p>Interview with the Registered Nurse (RN)/Clinical Reimbursement Coordinator (CRC) CC on 11/7/2024 at 12:33 pm revealed that if the clinical team felt that something was an issue, then it would be care planned. She continued by stating that at some point after something was discontinued, it will be discontinued on the care plan. She then stated that typically, the MDS coordinator would look at care plans quarterly, changes are reconciled with the completion of assessments.</p> <p>50940</p> <p>3. Review of EMR for R6 revealed he was admitted to the facility with diagnoses that included but not limited to seizures and cerebral infarction.</p> <p>Review of the most recent quarterly minimal data set (MDS) assessment dated [DATE] revealed for Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) score is 5, indicating significant cognitive impairment; Section N (Medications) revealed, he received insulin, hypoglycemic, antidepressant, antianxiety, hypnotic, anticoagulant, antibiotic, diuretic, opioid, antiplatelet, and anticonvulsant medications.</p> <p>Review of Nurse Practitioner (NP) encounter note, dated 9/16/2024, revealed, Plan of care includes continue Phenobarbital. Monitor phenobarbital levels every 6 months and as needed.</p> <p>Review of the Physician Orders dated 9/26/2023 revealed, .Order to check phenobarbital levels every six months on the fourth Tuesday.</p> <p>Review of the resident's medication include, but not limited to Phenobarbital (anti-seizure medication) 32.4 mg 1 (one) tab daily at 9 am and Phenobarbital 32.4 mg 2 (two) tab daily at 5 pm.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration Record (MAR) revealed that the resident is monitored daily for behaviors, but nowhere in the MAR it was found that the resident was monitored for seizure precautions.</p> <p>Review of the most recent care plan, dated 10/31/2024, revealed that R6 was not care-planned for seizure precautions, and there was no mention of the resident's seizure diagnosis in the plan.</p> <p>Interview on 11/6/2024 at 10:30 am with the Unit Manager Licensed Practical Nurse LPN JJ revealed that residents with a diagnosis of seizures must have seizure precautions included in their care plan. Upon reviewing the chart, the Unit Manager LPN, JJ confirmed there was no documentation regarding seizures or seizure precautions in the care plan.</p> <p>Interview on 11/6/2024 at 3:15 pm with the MDS coordinator, Registered Nurse RN RR and Corporate Clinical Reimbursement Registered Nurse RN SS revealed it was not always necessary to include seizure precautions in the care plan if the resident was stable and not experiencing seizures. However, they admit that a resident should be care planned if blood work monitoring is required, such as for those on phenobarbital.</p> <p>Interview on 11/7/2024 at 10:23 am with the Director of Health Services (DHS) revealed that if a resident had a medical diagnosis (i.e. seizure disorder) when they complete the Minimum Data Set (MDS) it would trigger the areas that need to be care planned.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on observations, staff interviews and record reviews, the facility failed to provide nail care for one of four residents (R) R101 reviewed for Activities of Daily Living (ADLs). Specifically, the facility failed to and trim R101's long fingernails on both hands and clean fingernails on his left hand. The deficient practice had to the potential to cause skin breakdown and infection to the palm of hands with contractures.</p> <p>Findings include:</p> <p>Review of the Electronic Medical Record (EMR) for R101, revealed that he was with diagnoses that included but were not limited to cerebral infarction and contractures of right upper arm.</p> <p>Review of the care plans for resident R101 revealed that he has Activities of Daily Living (ADL) decline related to cardiovascular accident (CNA) with right sided hemiplegia, right arm contracture, sepsis, protein calorie malnutrition.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE] for R101, Section GG (Functional Abilities and Goals) revealed, he was dependent for personal hygiene. Section I (Active Diagnoses) revealed that he had hemiplegia or Hemiparesis.</p> <p>Review of physician orders for R101 dated 9/26/2024 revealed, that he was to have a splint to right resting hand 5 (five) to 7 (seven) hours per day daily as tolerated with monitoring of edema, skin integrity and pain.</p> <p>An observation of R101 on 11/3/2024 at 2:47 pm, revealed fingernails on his right contracted hand were long and turned inward towards the palm of his hand and fingernails on his left hand were noted to be long and dirty.</p> <p>An observation of R101 on 11/4/2024 at 12:54 pm, revealed fingernails on his right contracted hand were long and turned inward towards the palm of his hand and fingernails on his left hand were noted to be long and dirty.</p> <p>An interview on 11/5/2024 at 12:36 pm with Certified Nursing Assistant (CNA) II revealed, that fingernails should be completed during showers or anytime they were long and dirty. She revealed that she would inform the unit manager regarding nail care for the hand that was contracted.</p> <p>An interview JJ on 11/5/2024 at 12:43 pm with Licensed Practical Nurse (LPN)/Unit Manager (UM) revealed, that if a resident hand was contracted and the CNA and nurse could perform nail care safely, they should do it. She then stated that if it could not be done safely, then they would ask podiatry to perform nail care or ask therapy if they had something to place in the resident's palm to protect it.</p> <p>An interview on 11/6/2024 at 4:00 pm with CNA EE revealed, that when R101 moved to the hall in which she had been assigned a week ago, he had long nails. She then stated that for as long as she has had him, he has not refused care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 11/7/2024 at 10:24 am with Director of Health Services revealed, that she expects that fingernails of residents should be cleaned and trimmed. She stated that some residents want them longer than others. She then stated that if a CNA felt comfortable about trimming the nails on a contracted hand, then I expect them to do it, and if not then they need to inform the nurse and let them handle it.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on observations, staff and resident interviews, record review and review of the facility's policy titled Activities Program, the facility failed to provide an ongoing program of activities based on person-center activities for three of nine residents (R) (R92, R121, and R540) reviewed for activities whose primary language was non-English.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled Activities Program, dated 9/28/2023 under the section titled Procedure revealed, 5. The programming should reflect cultural and ethnic interests of the resident.</p> <p>Review of records revealed the facility had nine residents whose primary language was non-English.</p> <p>1. Review of the clinical records for R92 revealed she was admitted to the facility with diagnoses that included but not limited to cerebral infarction, emphysema, unspecified, unspecified asthma, uncomplicated, pneumothorax, unspecified, muscle weakness, acute respiratory failure with hypoxia, shortness of breath, chest pain, chronic obstructive pulmonary disease, and pain in unspecified shoulder.</p> <p>Review of R92's Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Pattern) revealed, a Brief Interview for Mental Status (BIMS) score of 15 which indicated little to no cognitive impairment; Section F (Preferences for Routine and Activities) revealed, the primary respondent for the questions was the resident, and indicated it was very important for her to listen to music she likes, keep up with the news, do things with groups of people, do favorite activities and go outside for fresh air.</p> <p>Review of R92's care plan dated 10/31/2024 revealed, R92 enjoys watching TV (television) and visits from friends and family with start date of 8/8/2024; Goal(s) Patient/ Resident will choose and participate in activities of choice, Independent Activities, 1:1 Visitation with Approaches that included but not limited to, check with patient/ resident regularly to assess satisfaction with activities offered, introduce to other patient/ residents with similar interests, give calendar of scheduled activities, describe activities available and assist patient/ resident to choose activities to match interests and abilities, give patient/ resident tour of activity areas and equipment, interview patient/ resident about preferences, past roles, customary routines, and interests, and welcome resident/ patient to the facility and introduce activities staff members.</p> <p>Review of the Activity Interest and Attendance Records for the past three (3) months from August 2024 through October 2024 revealed, R92 had four one-on-one in August that consisted of being brought water, going over activities for the day, conversation, and one refusal. September and October revealed no data of actively participating in 1:1 activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and Interview on 11/4/2024 at 1:39 pm with R92 revealed he was sitting in bed with the light off. R92 revealed, he had no activities because he could not read activities monthly schedule nor was the TV channels understandable. R92 shared that it was too boring at the facility and that only eat and sleep. He stated, he did not want to participate in any of today's activities because they don't hold his interest.</p> <p>Interview on 11/6/2024 at 12:37 pm with R92 revealed he just eat, sleep, and shower. R92 revealed, they could not go outside because they lock the doors.</p> <p>2. Review of the clinical records for R121 revealed she was admitted to the facility with diagnoses that included but were not limited to encephalopathy, unspecified injury of head, muscle weakness, difficulty in walking, unsteadiness on feet, repeated falls, and unspecified dementia,</p> <p>Review of R121's MDS assessment dated [DATE] for Section C (Cognitive Pattern) revealed, a BIMS score of 5 (five), which indicated severe cognitive impairment; Section F (Preferences for Routine and Activities) revealed, the primary respondent for the questions was the resident, which revealed the following: it was somewhat important to participate in religious service, keep up with the news, do things with groups of people, do favorite activities and go outside for fresh air.</p> <p>Review of R121's care plan dated 11/7/2024 revealed resident primary language was not English and that of Chinese with Goals to Increase ability to communicate with patient, through the review and Approaches that included to provide cultural appropriate activities as able.</p> <p>Review of the Activity Interest and Attendance Records for the past three (3) months from August 2024 through October 2024 revealed, R121 had no data of actively participating in 1:1 activity.</p> <p>3. Review of the clinical records for R540 revealed she was admitted to the with diagnoses that included but were not limited to muscle weakness, chronic osteomyelitis, benign prostatic hyperplasia without lower urinary tract symptoms, chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity, and pain.</p> <p>Review of R540's MDS assessment dated [DATE] for Section C (Cognitive Pattern) revealed a BIMS score of 13, which indicated little to no cognitive impairment. Section F (Preferences for Routine and Activities) revealed, the primary respondent for the questions was the resident, it was very important to participate in religious service, be around animals, keep up with the news, do things with groups of people, do favorite activities and go outside for fresh air.</p> <p>Review of R540's care plan dated 11/7/2024 revealed, Resident primary language was not English and that of Kannada with Goals to increase ability to communicate with resident, through the next review and Approaches that included, provide cultural appropriate activities as able, provide a communicate board to increase participation in activities, to communicate effectively with resident, and willingness to provide appropriate activities he will enjoy per cultural.</p> <p>Review of the Activity Interest and Attendance Records for the past three (3) months from August 2024 through October 2024 revealed no data of R540 actively participating in any 1:1 activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/7/2024 at 5:14 pm with Activities Director (AD) and Regional Clinical Nurse confirmed that AD did communicate with residents via communication board and some residents could speak little English, but she did not perform activities in residents' primary language. AD revealed effective 11/6/2024 all activities monthly schedule boards will be posted in residents' primary language and going forward the activities will include music in their language, television will be programmed in their language, books/audio books will be ordered in their language, subscriptions in their language to different website for activities and when she enter social for one-on-one in documentation she would be more detailed on specific activities.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Medication Administration: Enteral Tubes, the facility failed to ensure that one of seven residents (R) R101 received enteral feedings, as ordered and to properly label and date the formula bottle, bags, and syringes used to provide the resident with needed nutrients.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Administration: Enteral Tubes dated 1/30/2020 under the Policy Statement revealed, The healthcare center provides safe and effective administration of enteral formula and medications. Enteral formulas will be administered via feeding tube by the physician order following nursing assessment of the resident's condition and in consultation with the dietitian and consultant pharmacist .</p> <p>Review of the Electronic Medical Record (EMR) for R101, revealed he was admitted to the facility with diagnoses that included but were not limited to cerebral infarction, enterocolitis due to Clostridium difficile (c-diff), contractures of right upper arm, dysphagia, pneumonitis due to inhalation of food and gastrostomy status (G-tube).</p> <p>Review of the physician orders for R101, revealed orders for enhanced barrier precautions due to having a g-tube dated 9/18/2024, G-tube to be checked for residual before feeding and G-Tube placement to be checked prior to medication administration dated 8/1/2024; and Jevity 1.5 (feeding formula) to be administered through the G-tube at 55 milliliters (mL) an hour for 22 hours a day with feeding to be turned on at 10 am and then turned off at 8 am dated 10/7/2024.</p> <p>Review of the admission MDS dated [DATE], for R101 for Section K (Swallowing/Nutritional status) revealed, that the resident had a gastrostomy tube, and received feedings as a resident and before becoming a resident.</p> <p>Observation on 11/3/2024 at 3:05 pm revealed, R101 receiving enteral feeding through his G-tube at the rate of 55 milliliters per hour. The formula was in a bag, and it was labeled with his name, date of 11/2/2024, his room number and the formula. The syringe was in a bag and was labeled with a date of 10/31/2024.</p> <p>Observation on 11/4/2024 at 12:54 pm revealed, R10's formula bottle was labeled with a date of 11/3/2024, and a time of 5 pm. The syringe was noted to be dated 11/4/2024, 6 am. The name that was on label for the syringe was not for R101.</p> <p>Observation on 11/5/2024 at 9:24 am revealed, R101 formula bottled was labeled with the time of 3 pm and the date of 11/4/2024. The syringe was dated 11/4/2024 and was labeled with the name of someone else. During this observation, the pump was noted to be on pause for 42:00 minutes and connected to the resident's G-tube when the surveyor entered the room.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Pruitthealth - Brookhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 3535 Ashton Woods Drive NE Atlanta, GA 30319	

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/5/2024 at 9:32 am with Registered Nurse (RN) RN AA revealed, that R101 had a history of c-diff. She stated that they paused it for two hours and then she would restart it at 10 am. She then stated that she would flush it when she give him his medications at 10 am. She ended the interview by stating, that the syringe was labeled incorrectly, and she would need to replace it and label it with the correct resident's name.</p> <p>Interview on 11/7/2024 at 10:24 am with the Director of Health Services (DHS) revealed, that it was her expectation that all nursing staff follow doctors' orders when it comes to enteral feedings. She stated that if it was ordered, it should be taken down at 8 am and then restarted at 10 am. She stated that she expects it to be taken down, not placed on pause for two hours and left connected to the resident. She then completed her interview by stating that feedings should be labeled with the resident's name, the date, the time, and the formula. She revealed that the syringe needed to have the date, the resident's name and that it was to be changed every 24 hours.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272</p> <p>Based on observations, resident and staff interviews, and review of the facility's policy titled Oxygen Administration, the facility failed to follow physician orders for oxygen therapy for one of 19 residents (R) (R8) on oxygen therapy. In addition, the facility failed to change nebulizer equipment weekly and cover nebulizer masks when not in use for one of 19 residents (R539) on oxygen therapy. This deficient practice posed significant risks, including potential medical complications, unmet needs, and a diminished quality of life for the resident.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration dated 8/2/2023 under the section titled Policy Statement revealed, It is the policy of [Name of Facility] Hospice and Healthcare Centers/Veteran Homes to provide oxygen safely and accurately to appropriate patients/residents. Under the section titled Procedure: revealed, Oxygen will be administered by licensed personnel only when ordered by the physician, PA or NP. The physician order may be written PRN for comfort/dyspnea or may specify the number of liters, method of administration and length of time the oxygen is to be administered. Oxygen ordered PRN for comfort/dyspnea will be based upon the physician/licensed nurse assessment of the patient/resident's condition including oxygen saturation levels, respiratory rate, effort used by patient/resident to breath, shortness of breath present, and respiratory distress.</p> <p>Use of oxygen will be based on the patient/resident's clinical condition, comfort level, and the patient/resident/family desire for oxygen therapy. Patient/residents/families have the right to refuse to use oxygen. Under the section titled Equipment revealed, 4. Regulate liter flow to ordered/desired flow rate. If using wall unit oxygen turn main control valve on completely and then regulate liter flow on flow meter. If using portable e-tank, check for full tank, and regulate flow. Turn main control valve on completely and then regulate liter flow on flow meter to ordered/desired flow rate.</p> <p>Review of the facility's policy titled Respiratory Oxygen Changeouts dated 1/25/2022 under the section titled, Policy Statement: revealed, To provide guidelines to help prevent infections associated with respiratory equipment and to prevent transmission of such infections to patients/residents and staff. Under the section titled Oxygen Therapy Equipment revealed,</p> <p>. Medication nebulizer equipment shall be changed weekly .</p> <p>1. Review of the Electronic Health Record (EHR) for R8 revealed she admitted to the facility with diagnoses that included but were not limited to acute on chronic systolic (congestive) heart failure, hypertensive heart disease with heart failure, asthma, chronic respiratory failure with hypoxia, but not limited to obstructive sleep apnea, myocardial infarction, and unspecified atrial fibrillation.</p> <p>Review of R8's quarterly Minimum Data Set (MDS) dated [DATE] for Section C (Cognitive Patterns) revealed, a Brief Interview for Mental Status (BIMS) of 15, which indicated little to no cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of R8's physician's orders dated 11/6/2024 revealed, oxygen at 3 (three) liters per minute (LPM) via nasal cannula, continuous.</p> <p>During an observation and interview on 11/3/2024 at 2:55 pm, R8's oxygen levels was administered at 2 (two) LPM via nasal cannula. R8 stated her oxygen levels was supposed to be set at 3 LPM.</p> <p>A follow-up observation on 11/4/2024 at 9:24 pm revealed R8's oxygen was administered at 2 LPM via nasal cannula.</p> <p>Observation and interview conducted on 11/5/2024 at 10:20 am with R8 revealed she was observed with no oxygen in use. R8 revealed, that her oxygen equipment started malfunctioning around 6:00 am.</p> <p>During observation on 11/5/2024 at 10:24 am, the call bell was activated for assistance after it was noticed that the resident's oxygen was off. Certified Nursing Assistant (CNA) VV entered the room shortly thereafter and explained that she thought she heard a call bell but was unsure from which room it was coming. CNA VV stated that she had just started working on this hall today, as she typically works on another unit. The resident's roommate then entered the room and explained that she had turned off the oxygen because, R8, expressed that she didn't like the noise and asked her to turn it off. R8 denied that she told her to turn off the oxygen. CNA VV further explained that she knows oxygen levels are supposed to be checked regularly. CNA VV mentioned that if a resident is in distress, their oxygen levels should be checked, and the floor nurse should be notified. CNA VV also noted that this was her third time in the room today, and she did not notice that R8's oxygen was off. CNA VV pointed out that some oxygen machines are silent, while others make noise, which may make it harder to detect if the oxygen is not functioning properly.</p> <p>An interview on 11/5/2024 at 10:32 am with Licensed Practical Nurse (LPN) XX revealed, oxygen levels were typically checked every shift, per physician's orders. LPN XX confirmed that the physician's orders must be followed, but she was unaware that the resident's oxygen had been set at 2 LPM instead of the prescribed 3 LPM for the past two days. LPN XX acknowledged that inadequate oxygen levels could lead to respiratory distress, confusion, abnormal vital signs, and other serious complications, which would be particularly risky given the resident's other health diagnoses.</p> <p>An interview on 11/5/2024 at 11:23 am with Director of Health Services (DHS) emphasized that it was critical for staff to follow the physician's orders. The DHS stated that it was easier for nurses to check the resident's oxygen levels while passing medications. The DHS confirmed that oxygen levels should be checked every shift, in accordance with the physician's orders.</p> <p>An interview on 11/5/2024 with the Administrator confirmed the expectation that all staff must follow the physician's or provider's orders to ensure proper oxygen therapy was administered at the correct rate and frequency. Failure to do so could lead to negative outcomes, such as inadequate oxygen saturation levels and other potential health risks for the resident.</p> <p>50524</p> <p>2. Review of the EHR for R539 revealed she admitted to the facility with diagnoses that included but not were not limited to dependence on supplemental oxygen, shortness of breath and chronic bronchitis.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R539's admission MDS assessment dated [DATE] revealed, it had not been completed due to recent admission into the facility.</p> <p>Review of R539's physician orders dated 10/31/2024 revealed, orders that included but were not limited to: arformoterol solution for nebulization; 15 microgram (mcg)/2 milliliter (mL); amount 1(one); inhalation twice a day 9:00 am, 5:00 pm; budesonide suspension for nebulization; 0.5 milligram (mg)/2 mL; 1 vial; inhalation twice a day 9:00 am, 5:00 pm; Ipratropium-albuterol solution for nebulization; 0.5 mg-3 mg (2.5 mg base)/3 mL; amt: 1 vial; inhalation three times a day 9:00 am, 1:00 pm, 5:00 PM; Ipratropium-albuterol solution for nebulization; 0.5 mg-3 mg (2.5 mg base)/3 mL; amt: 1 vial; inhalation every 6 (six) hours - As needed (PRN).</p> <p>Observation on 11/4/2024 at 12:46 pm revealed, R539's nebulization mask not dated, unbagged and not covered in the bedside table drawer.</p> <p>Observation on 11/4/2024 at 4:00 pm revealed, R539's nebulization mask not dated, unbagged and not covered in the bedside table drawer.</p> <p>Observation on 11/5/2024 at 10:52 am revealed, R539's nebulization mask not dated, unbagged and not covered in the bedside table drawer.</p> <p>Interview on 11/4/2024 at 12:48 pm with R539 revealed she received nebulizer treatments whenever she needed it. R539 further stated the face masks used for nebulization was always kept in the drawer of the bedside table and never covered.</p> <p>Interview on 11/5/2024 at 10:52 am with Licensed Practical Nurse (LPN)/ Unit Manager TT revealed, R539 required nebulization as needed. She stated the nebulization mask and tubing were to be changed weekly and that they had not changed. She confirmed the mask was not covered with a bag and it should be covered in a bag.</p> <p>Interview on 11/5/2024 at 12:33 pm with Infection Preventionist revealed his expectations were for the nebulization masks to be placed in a bag when not in use. He stated the outcome would be potential infection especially to the aged population who were very vulnerable.</p> <p>Interview on 11/5/2024 at 2:10 pm with the Assistant Director of Health Services (ADHS) revealed her expectation was for nebulization masks to be kept covered in bags when not in use. She stated the outcome would be risk of infection to the resident if the masks were placed on surfaces which may be contaminated, and the resident could get respiratory infections.</p> <p>Interview on 11/5/2024 at 3:35 pm with the DHS revealed her expectations were for the nebulization masks to be changed weekly and kept in bags when not in use. She stated the outcome would be infection.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49811</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Labeling, Dating, and Storage, the facility failed to label dry goods and discard on or before the expiration date. In addition, the facility failed to label and store frozen food items in the freezer to ensure proper food safety and to maintain proper ice machine cleaning. The facility had a census of 119 residents that received an oral diet from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Labeling, Dating, and Storage, dated [DATE] under the section titled Policy Statement revealed, It is the policy of [Name of Facility.] for all partners who assist in handling, preparing, serving, and storing food and beverage items to follow the proper procedures for labeling, dating, and storage to ensure proper food safety. Under the section titled, Scope revealed, This applies to all Dietary partners employed by [Name of Corporation.] Under the section titled Procedure revealed, 1. Food and beverage items will have an identifying label as well as a received date and opened date, as applicable; for items prepared onsite, as 'use by' date will also be indicated. 2. Foods will be stored in their original or approved container and, if opened, shall be wrapped tightly with film, foil, etc .</p> <p>Observation and Interview on [DATE] at 1:04 pm of the kitchen revealed, the dry storage had nine cans of 15 ounce (oz) puree beef stew that did not have an expiration date on them; eight cans of Grape Jelly- (four cans had an expiration date of [DATE] and four cans with the expiration date of [DATE]); Thickened Juices 46 ounces -(three orange juices with expiration date of [DATE] and seven apple juices with expiration date of [DATE]) each box was labeled with delivery date of ,d+[DATE]. The Certified Food Manager (CFM) LL verified and confirmed this date was the delivery date. In addition, one box of individual packets of [Name] seasoning, 500 counts used by date of [DATE], and one opened box of individual ranch dressing packets, 200 count with opened date of [DATE] and expiration date of [DATE]. Further observation of the kitchen revealed, ,d+[DATE] bag of meatballs, 30 pieces of meatballs, and a pack of fresh toast slices 12 count- located in the walk-in freezer that were not labeled or dated and the ice machine was observed to have a dirty substance inside the machine.</p> <p>Interview on [DATE] at 1:46 pm with the Certified Food Manager (CFM) LL verified the expired canned goods in the pantry. CFM, LL revealed that he was responsible for removing and discarding all expired foods, produce, and dented cans. CFM, LL also revealed that he would conduct an in-service training to ensure all staff were adequately trained.</p> <p>Interview on [DATE] at 10:35 am with a Registered Dietitian (RD) MM revealed, the CFM was responsible for removing and discarding all expired food, produce, and dented cans. RD, MM also indicated that she completed monthly kitchen inspections, including the dry storage pantry, walk-in cooler, and kitchen, to ensure that all expired food products, dented cans were discarded, and kitchen equipment was working correctly.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524</p> <p>Based on observations, interviews, record review, facility document review, and review of facility policies titled P.I.C.C. (peripherally inserted central catheter) Catheter Dressing Change, P.I.C.C. Infusion Access Device Maintenance, and Infection Prevention-Hand Hygiene policy, the facility failed to follow infection control practices for three of 14 residents (R) (R549, R543 and R16). Specifically, the facility failed to ensure proper hand hygiene and physicians orders for dressing change were followed when providing care of the P.I.C.C. for (R549 and R543) and failed to follow procedure for catheter care for (R16).</p> <p>Findings include:</p> <p>Review of facility's Policy titled P.I.C.C. (peripherally inserted central catheter) Catheter Dressing Change revised 10/23/2024 documented Policy Statement: [Facility name] pharmacy services requires that PICC infusion access device site care must be established in order to observe infection control policies and procedures. The procedure should be completed once a week and PRN unless physician specifies otherwise. Under Procedure: 2. Perform hand hygiene. 6. Put on non-sterile gloves and remove existing dressing pulling it towards the catheter site with a finger on the catheter site through the TSM.</p> <p>Review of facility's policy titled P.I.C.C. Infusion Access Device Maintenance reviewed 1/3/2024 documented Policy statement: P.I.C.C. infusion access devices must be maintained regardless if medications are being infused to maintain patency and infection control standards . All PICC infusion access devices will have the site dressing changed at least once a week and PRN if it becomes wet, loose or soiled.</p> <p>Review of the facility policy titled, Infection Prevention-Hand Hygiene policy revised 8/15/2023 revealed under, Handwashing with soap with water, 2. Hand Rub with Alcohol based antiseptic is recommended when hands are not visibly soiled or contaminated with blood or body fluids or when /where running water is not available. Indications requiring hand wash or hand rub:1. before and after contact with the resident 2. Before donning gloves, including sterile gloves. 3. Before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive device 6. When hands move from a contaminated body site to a clean body site during resident care.7. Immediately after removal of personal protective equipment (gloves, gown, facemasks).8. After contact with inanimate objects in the immediate vicinity of the resident.</p> <p>Review of the facility procedure document titled, How to empty a urinary catheter drainage bag, revealed Step 7 (seven) when the bag is empty, clean the tip of the drainage tube with an alcohol wipe, assure the valve is closed, and re-insert the drainage tube in its pocket.</p> <p>1.Review of Electronic Medical Records (EMR) revealed R549 was admitted to the facility on [DATE] with a right upper arm PICC line (a long, flexible tube that is inserted into a vein in the arm and threaded into a large vein near the heart) for the administration of antibiotics.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Care Plan dated 11/7/2024 documented Problem Start Date: 11/7/2024 Category: Resident requires IV medication through PICC LINE. Short Term Goal Target Date: 2/28/2025 R549 will not exhibit signs of complications from IV through PICC Line, localized infection, systemic infection, electrolyte imbalance, air embolus, dislodgement, infiltration, extravasation, phlebitis, fluid overload, dehydration. Nursing Approach Start Date: 11/7/2024 Follow regimen when caring for IV site, monitor for sign of infection.</p> <p>Review of Physician orders for R549 dated 11/5/2024 documented orders included but not limited to central access device maintenance: Change dressing every (Q) week, change injection caps with or without extension tubing Q week, after blood draws once a day on Mondays 7:00 am - 7:00 pm.</p> <p>Observation and interview on 11/4/2024 at 1:16 pm revealed R549 had dual lumen PICC line with dressing dated 10/27/2024. The Assistant Director of Health Services (ADHS) stated PICC lines are changed every seven days. She confirmed that R549's PICC line dressing was dated 10/27/2024 which indicated the dressing should have been changed on 11/3/2024. Her expectation was for the dressings to be changed every seven days.</p> <p>Interview on 11/5/2024 at 12:23 pm with Infection Preventionist (IP) revealed PICC line dressings are to be changed weekly and as needed if soiled. He stated his expectation was for PICC line dressings to be changed as ordered.</p> <p>Interview on 11/5/2024 at 3:38 pm with Director of Health Services (DHS) revealed her expectation was for PICC line dressings to be changed every seven days. She stated the outcome would be infection to the resident.</p> <p>2. Review of the EMR revealed R543 was admitted to the facility on [DATE] with a PICC line for Total Parenteral Nutrition (TPN) for six weeks.</p> <p>Review of the Care Plan for R543 dated 10/21/2024 documented Problem: Nutritional Status Resident requires parenteral nutrition TPN/intravenous (IV) related to (R/T) gastrostomy tube (G-tube) site malfunction/wound, nil per oral (NPO) status r/t severe dysphagia.</p> <p>Observation on 11/4/2024 at 2:00 pm revealed ADHS entered R543's room without donning gown and without sanitizing her hands. Resident was on Enhance Based Precaution (EBP) due to PICC line. The ADHS did not sanitizer her hands before entering R543'S room, before donning gloves, after removing gloves, and after blood draw from PICC line.</p> <p>Interview on 11/4/2024 at 2:10 pm with ADHS revealed she stated she was responsible for taking the labs from PICC lines. She stated the R543 was on enhanced barrier precaution for PICC line which required her to put on a gown, and she did not put on a gown before entering R543's room. She confirmed she did not sanitize her hands, and she should have sanitized her hands before accessing R543's PICC line, before putting on gloves, after removing gloves and before exiting R543's room. She stated the outcome would be the resident could get an infection if hand hygiene is not performed before, during and after accessing a PICC line.</p> <p>Interview on 11/5/2024 at 3:40 pm with Director of Health Services (DHS) revealed hands were to be washed or sanitized before putting on gloves and accessing PICC lines. Hands were to be sanitized after removing gloves and while providing care to residents including residents with PICC lines.</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46579</p> <p>3. Review of the EMR for R16 revealed he was admitted to the facility with diagnoses that included but not limited to retention of urine, pressure ulcer of sacral region, urinary tract infection.</p> <p>Review of the physician orders for R16 revealed that catheter care was to be performed every shift and Enhanced Barrier Precautions due to indwelling devices: a foley catheter and a gastrostomy tube (g-tube).</p> <p>Review of the care plan for R16 revealed that he required an indwelling urinary catheter related to urinary retention. Intervention included but not limited to, provide catheter care each shift and as needed.</p> <p>Observation and interview on 11/6/2024 at 2:15 pm revealed Certified Nursing Assistant (CNA) EE was observed providing catheter care to R16. During that observation, CNA EE was observed, donning (putting on) two pairs of gloves (double gloving), and provided catheter care for the resident by emptying the catheter bedside drainage bag in a urinal, shaking off the tube, and then returning the tube to the holder. After providing care, she then doffed (removed) the top pair of gloves and continued with the rest of the care for R16. CNA EE was asked after leaving the room, if she was supposed to be double gloving. She stated that she was never told that she could not double glove, and that she always doubled gloved when providing care for this resident.</p> <p>Interview on 11/6/2024 at 2:48 pm with the Infection Preventionist revealed that with EBP, staff would use gown and gloves, and it is used for resident that have a PICC line, Urinary catheters, and a feeding tube. He then stated that we do not double glove.</p> <p>Interview on 11/7/2024 at 10:24 am, with the DHS revealed that double gloving was not encouraged, however there was nothing in the policy that addressed double gloving. She stated that if they are double gloving, then she expects that both pair be removed, because we do not know what kind of germs or bacteria could have traveled in between the gloves.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Brookhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 3535 Ashton Woods Drive NE Atlanta, GA 30319	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>50524</p> <p>Based on observations and staff interviews the facility failed to provide a safe and comfortable environment for the residents, staff and the public as evidenced by an unpleasant odor on one hall (South Wing) of three halls. This deficient practice had the potential to cause diminished quality of life. The facility census was 128 residents.</p> <p>Findings include:</p> <p>Observations from 11/3/2024 through 11/7/2024 during survey revealed an unpleasant odor was present on the South Wing of the facility.</p> <p>Review of facility's documents revealed there was no evidence of a facility's policy regarding environment - free from unpleasant odors.</p> <p>Interview on 11/7/2024 at 11:26 am with Floor Technician WW revealed, he swept and vacuumed the hallways daily. He also stated he would apply liquid disinfectant on the carpet only if there was a stain on the carpet.</p> <p>Interview on 11/7/2027 at 11:35 am with the Housekeeping Supervisor, confirmed the South Wing hallway had an odor which could be due to the area having heavy wetters.</p> <p>Interview on 11/7/2024 at 11:36 am with Administrator, she confirmed there had been an unpleasant odor on the South Wing hallway and at times throughout the facility. She stated she had been at the facility for about two months and the odor had been present since then. She stated her expectations were for the facility to have a homelike environment which would include lack of offensive /unpleasant odors. She stated the outcome would be the residents would not have a homelike environment and the odor would not be pleasant for the residents when they are eating or resting. She further stated the odor would also be unpleasant for staff and members of the public.</p>		