| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115314 | A. Building<br>B. Wing | 03/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - Austell | 1700 Mulkey Rd<br>Austell, GA 30106 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>49687<br><br>Based on observations, resident and staff interviews, record review, and review of the facility policies titled, Grievances: Healthcare Centers, and Missing items, the facility failed to ensure prompt and thorough efforts to resolve continued resident grievances regarding missing laundry. The facility census was 121.<br><br>Findings Include:<br><br>Review of the facility policy titled Grievances: Healthcare Centers, revised 1/10/2024, the Policy Statement revealed Grievances and complaints should be resolved in a prompt, reasonable, and consistent manner. The Policy continued by revealing All partners shall take an active part in efforts to resolve grievances and complaints without discrimination or retaliation against a person filing a grievance or complaint. Grievances and complaints should be resolved within three business days and be presented to the monthly Quality Assurance and Performance Improvement Committee. The Administrator is responsible for overseeing the grievance process. If the grievance is associated with a missing item, refer to the missing item policy and associated forms.<br><br>Review of the facility policy titled Missing Item, the Policy Statement revealed 1. Grievances involving missing items will be handed according to the grievance policy and reported on the missing items log. 2. The social services partner or designee will contact the person filing the grievance to obtain any further information necessary to resolve the grievance. 3. If a clothing item is reported missing the laundry services form will be completed and forwarded to the laundry supervisor.<br><br>Review of the facility's Grievance logs for the years 2023 and 2024 documents several instances where residents complained about missing clothing.<br><br>Review of the facility's Grievance/Complaint Form dated 2/6/2023, filed by the Resident Council documents, The caller stated that she purchased clothing for her loved one three times and they were lost. She stated that she puts name tags in all the clothing, which are all brand new clothing.<br><br>Review of the facility's Grievance/Complaint Form dated 5/11/2023, filed by the Resident Council documents, Resident has missing clothing .<br><br>(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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115314 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/04/2024 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Pruitthealth - Austell | 1700 Mulkey Rd<br>Austell, GA 30106 |

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| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the facility's Grievance/Complaint Form dated 6/14/2023, filed by the Resident Council documents, Residents state that they are missing laundry and that their clean laundry is not being returned timely.<br><br>Review of the facility's Grievance/Complaint Form dated 2/15/2023, filed by the Resident Council documents, Ensure communication with laundry for washcloths and towels if needed.<br><br>Interview on 2/28/2024 at 11:29 am with Resident (R) (R5), she revealed that she was still missing several pants and long sleeve shirts. R5 stated the Environmental Services Director had not been in contact with her about replacing those items. R5 stated she had told everyone about her missing clothing and had brought it up in Resident Council meetings. R5 stated all her clothing items were labeled.<br><br>Observation on 2/29/2024 at 9:45 am of the laundry room revealed one full bag of unclaimed resident clothing for the current month of February 2024. In addition, there were seven other bags of unclaimed resident clothing.<br><br>Interview on 2/28/2024 at 11:20 am with R27, the Resident Council President, R27 confirmed that there were still issues with missing clothing. R27 stated that the Environmental Services Director was notified on 2/21/2024. The Environmental Services Director mentioned to R27 that the laundry department will set up a time for all the unclaimed clothing to be looked through by the residents. R27 stated all her clothing items were labeled.<br><br>Interview on 2/28/2024 at 11:38 am with the Environmental Services Director confirmed that they have had issues with laundry due to lack of labeling resident's clothing and due to the labels fading on the resident's clothing. They have a lost and found that the laundry keeps for 90 days. The Environmental Services Director stated that unclaimed clothing was donated to the residents in the facility after 90 days.<br><br>Interview on 2/28/2024 at 1:55 pm with the Administrator, he said, They are still working on the missing items issue. |

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| Pruitthealth - Austell | 1700 Mulkey Rd<br>Austell, GA 30106 |

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| F 0602<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from the wrongful use of the resident's belongings or money.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687<br><br>Based on resident, resident responsible party, and staff interviews, record review, and review of the facility policy titled, Prevention of patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, the facility failed to protect the residents' right to be free from misappropriation of property by facility staff for one of five sampled residents (R) (R5).<br><br>Findings include:<br><br>Review of the facility policy titled Prevention of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property revised 1/11/2024 revealed Misappropriation of Patient property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.<br><br>Review of R5's Electronic Medical Record (EMR) revealed diagnoses of but not limited to multiple sclerosis, functional quadriplegia, anemia, other chronic pain, contracture of muscle, muscle weakness, unspecified lack of coordination, and contracture.<br><br>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed R5 had a Brief Interview for Mental Status Score (BIMS) score of 15 indicating little or no cognitive impairment.<br><br>Review of the Facility Reportable Incident (FRI) dated 3/8/2023 revealed that R5 reported money missing from her debit card. Per the facility reportable, the facility opened a full investigation into the allegation of R5. R5 did not mention the employee suspected of misappropriating R5's funds. R5 brought her credit card statements to the facility, and it was determined through those statements that the employee that misappropriated R5's funds was Certified Nursing Assistant (CNA) BB. Per the facility reportable CNA BB stated that R5 offered her assistance through her pregnancy. CNA BB was terminated from the facility.<br><br>Interview on 3/04/2024 at 9:08 am with Former Administrator GG revealed that the identity of CNA BB was found through R5's credit card statements. R5 didn't name the staff outright. The former Administrator continued that R5 stated she gave CNA BB her debit card to help CNA BB with some expenses while pregnant. R5 stated that the amount used was not what R5 promised CNA BB. CNA BB was terminated immediately. CNA BB also returned all the money to R5 in the amount of 570.00 U.S. dollars via a money order.<br><br>Interview on 2/22/2024 at 1:25 pm with R5 and their Responsible Party revealed that R5 gave her credit card to CNA BB to help financially. R5 stated that CNA BB used the credit card more than she should have.<br><br>Interview on 3/4/2024 at 10:05 am with the Financial Counselor (FC) revealed R5 called the FC into her room and told the FC that money was taken from her account. The FC told R5 that more information was needed to assist in locating the missing funds. The FC stated R5 and R5's Responsible Party were instructed to bring a copy of R5's credit card statement. Upon receipt of R5's statement, the FC reviewed the statement and reported the employees involved to the Former Administrator immediately.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Pruitthealth - Austell | | STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Mulkey Rd Austell, GA 30106 | |

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

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| F 0602<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 2/29/2024 at 11:43 am with CNA NN revealed that CNAs are not allowed to take money from any resident. It was not allowed per policy of the facility.<br><br>Interview on 2/29/2024 at 11:57 am with CNA DD revealed that staff should not accept money from residents. CNA DD stated, That is not allowed. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687<br><br>Based on resident and staff interviews, record review, and review of facility's policy titled, Occurrence Reduction Program, the facility failed to provide two-person assistance to a resident who required two-person assistance for one of three sampled residents (R) (R5) reviewed for accident hazards. The deficient practice resulted in R5 falling during a shower.<br><br>Findings include:<br><br>Review of R5's Electronic Medical Record (EMR) revealed diagnoses of but not limited multiple sclerosis, functional quadriplegia, anemia, other chronic pain, muscle weakness, unspecified lack of coordination, and contracture.<br><br>Record Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed R5 had a Brief Interview for Mental Status Score (BIMS) score of 15 indicating little or no cognitive impairment. The MDS assessment also indicates a functional status of total dependence with two plus persons' physical assist.<br><br>Review of the facility's policy titled, Fall occurrence reduction Program documents under Policy Statement, This healthcare center recognizes the frailty of the patient/resident served, there is an increased risk of occurrences that may result in injury to the patient. Resident/ and or others. In an effort to prevent occurrences, each patient/resident will be assessed for risk and appropriate intervention will be implemented upon identification of risk after a fall.<br><br>Review of R5's progress note dated 8/31/2023 at 6:15 pm documents Staff notify nurse of resident on the bathroom floor. Nurse got to resident bathroom and found resident lying on the floor of the bathroom. Staff stated that resident had a bath on the shower chair, and she was dressing her up when she slipped and she lowered resident to the floor.<br><br>Interview on 2/20/2024 at 3:05 pm with R5 revealed R5 fell twice. The first time she fell was when a Hoyer lift gave out. It wasn't strapped on her securely, so she fell . The second time R5 fell was during a shower. R5 stated she was supposed to have assistance of two staff but there was only one staff member with her. During the shower, the staff was taking off R5's shirt and that's when she fell . R5 denied getting hurt when she fell , but stated she was now afraid of showers.<br><br>Review of the post fall observation noted a potential factor contributing to the fall was a lack of 2 person assist.<br><br>Interview on 2/26/2026 at 4:53 pm with Certified Nursing Assistant (CNA) MM revealed that Former Certified Nursing Assistant (CNA) HH asked for assistance to use a mechanical lift to transfer R5 into a shower chair in R5's room. CNA MM left after the transfer. CNA MM stated that Former CNA HH yelled out for help. When CNA MM came back to the R5's bathroom, R5 was on the floor.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Pruitthealth - Austell | | STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Mulkey Rd Austell, GA 30106 | |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Phone interview on 2/27/2024 at 8:46 am with Former CNA HH confirmed that Former CNA HH was providing care to R5 when she slipped from the shower chair. CNA HH stated she had completed giving R5 a shower in R5's room. R5 wanted to wear a shirt and pants instead of a gown. Former CNA HH stated as she was putting on the resident's shirt, R5's weight leaned towards Former CNA HH and due to R5's weight, R5 slipped to the floor.<br><br>Former CNA HH was asked where CNA MM was while the shower and dressing of R5 occurred. Former CNA HH stated that she told CNA MM to leave. When asked if Former CNA HH was aware R5 required a two person assist, Former CNA HH proceeded to ask to call back, and hangs up the phone. |

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| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure medication error rates are not 5 percent or greater.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49685<br><br>Based on observations, resident and staff interviews, record review, and review of a facility's policy titled, Medication Administration: General Guidelines, the facility failed to give medications per physician orders and timely administer medications as ordered by the physician for three of four residents (R) (R21, R18, and R27) reviewed for medication administration. The facilities medication error rate was 80.7 percent. The facility census was 121.<br><br>Findings included:<br><br>Review of the facility policy titled Medication Administration: General Guidelines review date 5/31/2023 revealed Medications are administered within 60 minutes before or after scheduled time, except for medications ordered to be taken with food and before or after meals, which are administered precisely as ordered.<br><br>1. Review of R21's Face Sheet, revealed the resident had diagnoses which included sepsis, protein-calorie malnutrition, and acute kidney failure.<br><br>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] for R21 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating little or no cognitive impairment.<br><br>Review of R21's physician orders revealed medications ordered as famotidine 20 milligram (mg) tablet (tab) by mouth (PO) once a day at 9:00 am, levetiracetam 500 mg tab PO twice a day at 9:00 am and 5:00 pm, carbidopa-levodopa 25-100 mg two tabs four times a day 9:00 am, 1:00 pm, 5:00 pm, and 9:00 pm, amlodipine 2.5mg tab once a day 9:00 am, and Colace 100 mg capsule twice a day at 9:00 am and 5:00 pm. These medications were administered late at 10:43 am.<br><br>Interview on 2/20/2024 at 9:00 am with R21 revealed medications were not given timely. R21 stated they may not get their 9:00 am meds until 1:00 pm.<br><br>Observation on 2/21/2024 at 10:43 am during a medication pass, Registered nurse (RN) PP administered docusate sodium 100 mg, famotidine 20 mg, carbidopa/levodopa 25-100 mg two pills, amlodipine besylate 2. 5 mg, and levetiracetam 500 mg.<br><br>Interview on 2/22/2024 at 12:30 pm with Licensed Practical Nurse (LPN) Unit Manager OO revealed the medications should be administered between 8:00 am and 10:00 am. She stated the medications were not given timely if they were administered at 10:43 am. She stated to her knowledge the staff was not having trouble keeping up with the medication administration times.<br><br>Interview on 2/22/2024 at 2:26 pm with the Director of Nursing (DON) revealed the staff have a window of one hour before and one hour after to give the ordered medications. She stated if the medications were administered after ten o'clock, then they were not administered in a timely manner. She stated if staff are running late, they should ask for help.<br><br>(continued on next page) |

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| Pruitthealth - Austell | 1700 Mulkey Rd Austell, GA 30106 |

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| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 2/22/2024 at 2:45 pm with Administrator RR, she stated medications need to be given between the time frame of an hour before and an hour after the medication's specific ordered time. She stated she agreed the medications were administered outside of the time frame at 10:43 am.<br><br>2. Review of R18's Face Sheet, revealed the resident had diagnoses which included hypertension, morbid obesity, major depressive disorder, and liver disease.<br><br>Review of the quarterly MDS assessment dated [DATE] for R18 revealed a BIMS score of 15, indicating little or no cognitive impairment.<br><br>Review of R18's physician orders revealed medications ordered as lactulose solutions 45 milliliters by mouth twice a day at 9:00 am and 5:00 pm, Lyrica 150 milligram capsule twice a day 9:00 am and 5:00 pm, Actos 15 mg tablet (tab), sennosides-docusate sodium tab 8.6-50 mg tab two tabs once a day 9:00 am, refresh classic dropperette 1.4-0.6 percent 1 drop twice a day 9:00 am and 5:00 pm, Requip 0.25 mg tab twice a day 9:00 am and 5:00 pm, Lasix 40 mg tab once a day at 9:00 am, bethanechol chloride 5 mg tab three times a day 9:00 am, 1:00 pm, and 5:00 pm, baclofen 10 mg tab twice a day 9:00 am and 5:00 pm, cetirizine 10 mg tab once a day 9:00 am, one daily multi-vitamin with mineral 4.5 mg iron once a day at 9:00 am, montelukast 10 mg tab once a day at 9:00 am, and buspirone 7.5 mg tab twice a day 9:00 am and 5:00 pm. All medications were given late at 10:54 am.<br><br>Interview on 2/20/2024 at 9:30 am with R18, she stated her medications were late all the time.<br><br>Observation on 2/21/2024 at 10:54 am made during the medication pass revealed RN PP administered cetirizine hydrochloride 10 mg, lactulose solution 15 ml, lyrica 150 mg capsule, multi-vitamin one daily, refresh eye drops, docusate sodium 100 mg, oxycodone 10 mg tab, guaifenesin liquid 15 ml, ropinirole HCL (hydrochloride) 0.25 mg, pioglitazone HCL 15 mg tab, montelukast sodium 10 mg, furosemide 40 mg, buspirone HCL 7.5 mg, baclofen 10 mg tab, and bethanechol chloride 5 mg. These medications were given late and there was not an order for guaifenesin.<br><br>3. Review of R27's face sheet revealed R27 had diagnoses which included acute respiratory failure, and nasal congestion.<br><br>Review of the annual MDS assessment dated [DATE] for R27 revealed a BIMS score of 15, indicating little or no cognitive impairment.<br><br>Review of R27's physician orders revealed medications ordered as saline mist aerosol spray 0.65 percent one spray in each nostril twice a day at 9:00 am and 5:00 pm.<br><br>Observation on 2/21/2024 at 4:34 pm during medication administration revealed R27 was observed to take four medications by mouth, but there was not a nasal spray administered.<br><br>Interview on 2/22/2024 at 12:13 am with Certified Medication Aide (CMA) SS, she stated R27 tells me they will come for the saline mist when they need it. She stated she did not offer it to the resident. |

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| NAME OF PROVIDER OR SUPPLIER Pruitthealth - Austell | | STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Mulkey Rd Austell, GA 30106 | |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49685<br><br>Based on observations, staff interviews, and review of the facility policies titled, Medication Storage in the Healthcare Centers and Medication Administration: General Guidelines, the facility failed to ensure medication and treatment storage carts were locked when unattended and out of the view of a nurse for two of six medication carts which medications were stored, and one treatment cart in which treatment supplies and medications were stored. The deficient practice placed residents, staff, and visitors at risk of having unauthorized access to residents' medications and potentially hazardous treatment supplies.<br><br>Findings include:<br><br>Review of the facility policy titled Medication Storage in Healthcare Centers review date 7/28/2023 revealed Only licensed nurses and the pharmacy personnel are allowed access to medication. Respiratory Therapists may access medications used in the provision of respiratory services. Medications rooms, carts, and medication supplies are locked or attended by persons with authorized access.<br><br>Review of the facility policy titled Medication Administration: General Guidelines, under the Procedure section number 16 revealed During routine administration of medications, the medication care is kept in the doorway of the patient/resident's room, with open drawers facing inward and all other sides closed and locked. No medications are kept on top of the cart, and all outward sides must be inaccessible to patients/residents or others passing by.<br><br>1. Observation on 2/21/2024 at 9:40 am of a medication cart in the hall, unlocked without staff present.<br><br>Observation on 2/21/2024 at 9:44 am of Licensed Practical Nurse (LPN) OO, she was observed walking up to the unlocked medication cart on the hall with another staff member. The staff member and LPN OO opened the unlocked medication cart. LPN OO stated she did not have the keys to unlock the cart. She stated the cart was open. She locked the cart and walked away to find the nurse who was working the cart. The nurse was found in room [ROOM NUMBER] with the door shut.<br><br>Interview on 2/21/2024 at 9:46 am with Registered Nurse (RN) PP, she confirmed she was not able to see her cart from the room and she left the cart unlocked. She stated some things happen and she was sorry she left the cart unlocked.<br><br>Observation on 2/21/2024 at 10:55 am of RN PP during medication pass as she went into a room to check a resident finger stick blood sugar. She left the cart unlocked and unattended in the hall.<br><br>Interview on 2/22/2024 at 2:26 pm with the Director of Health Nursing (DON) QQ, she stated the medication carts should be locked when a staff member was not at the cart. She was made aware of the observations.<br><br>(continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 2/22/2024 at 2:45 pm with the Administrator revealed the medication carts needed to be locked, and if the cart was unattended, the cart should have been locked.<br><br>2. Observation on 2/21/2024 at 11:02 am to 11:15 am of Staff LPN BBB performing wound care on Resident (R) (R28) revealed the treatment cart was left open with the keys placed in the lock during wound care inside the resident's room while the door was closed.<br><br>During a second observation during the same wound treatment of R28, the Regional Director of Nursing entered the treatment cart to retrieve gauze. Staff also left the cart unlocked once the gauze was retrieved.<br><br>Interview on 2/21/2024 at 11:16 am with Staff LPN BBB confirmed that the treatment cart had been left unlocked with the keys left inside the lock. |