

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Evans, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 561 University Drive Evans, GA 30809	

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 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>Based on record review, interview, and facility policy review, the facility failed to ensure comprehensive care plan included the use of corrective lenses for one of 32 sampled residents (Resident (R) 52) reviewed for care planning. The failure had the potential to affect the resident's psychosocial needs not being met.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans, indicated .develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the residents comprehensive assessment.</p> <p>Review of R52's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/05/25 and located in the electronic medical record (EMR) under the MDS tab, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated the resident was cognitively intact. The MDS revealed the resident had a diagnosis on age related nuclear cataracts and required corrective lenses.</p> <p>Review of R52's EMR located under the Care Plan tab revealed the resident's comprehensive Care Plan did not address the resident's vision issues and corrective lenses.</p> <p>During an interview on 05/21/25 at 11:00 AM, Licensed Practical Nurse (LPN)6 said impaired vision and glasses should be on the care plan to help communicate the care needed for that resident.</p> <p>During an interview on 05/21/25 at 12:40 PM, the MDS Coordinator (MDSC) confirmed that residents that have corrective lenses need to be included on the care plan so that staff know the needs of the resident.</p> <p>During an interview on 05/21/25 at 1:15 PM, the Director of Nursing (DON) stated that impaired vision and the use of corrective lenses should have been on R52's care plan to let the staff know that glasses are need to improve vision. The DON stated the care plan let's all nursing staff know how to properly take care of a resident.</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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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Deficiency Text Not Available