

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Savannah		STREET ADDRESS, CITY, STATE, ZIP CODE 12825 White Bluff Road Savannah, GA 31419	
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to complete a Discharge Minimum Data Set (MDS) assessment for one of 36 residents (R) (R2) reviewed for MDS completions. The facility census was 132. Findings include:Review of the RAI Manual, dated October 2025, indicated, There are three types of discharges: two are OBRA [Omnibus Budget Reconciliation Act] required-return anticipated and return not anticipated; the third is Medicare required-Part A PPS [Prospective Payment System] Discharge. A Discharge assessment is required with all three types of discharges . Any of the following situations warrant a Discharge assessment . Resident is discharged from the facility to a private residence . Discharge Assessment - return not anticipated. Discharge assessments must be completed within 14 days of discharge. Record review for R2 revealed that the resident was admitted to the facility on [DATE] and was discharged from the facility on 12/1/2025. Review of the MDS assessments for R2 revealed a discharge MDS was not completed within the 14-day requirement. Review of the list of current MDS assessments provided by the facility revealed 36 MDS assessments were not completed within the required time frames.An interview on 12/17/2025 at 10:15 am with Registered Nurse (RN) MDS Coordinator FF revealed the resident was discharged on 12/1/2025. RN FF reviewed the discharge MDS for R2 and indicated it was in progress and not yet completed. She indicated the due date was 12/15/2025. She stated they were behind in getting them completed, even using remote employees. RN FF stated it was her expectation that assessments would be completed on time and follow the RAI Manual instructions as policy. An interview on 12/17/2025 at 11:37 am with RN MDS Coordinator GG confirmed they have 36 MDS assessments currently in progress that are late. She stated there are three MDS Coordinators that share the duties equally and a person completing parts of the MDS assessments remotely. She confirmed they follow the RAI manual as policy. MDS Coordinator GG also confirmed the MDS department is responsible for completing the MDS Assessments in a timely manner.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 115339
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