

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Valdosta, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 North Ashley Street Valdosta, GA 31602	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review, interviews, and review of the facility's policy titled, Reporting Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, the facility failed to ensure allegations of abuse were reported timely to the state agency (SA) for one of three residents (R) (R) (R49) reviewed for abuse out of a total sample of 33. This had the potential to affect resident safety in the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Reporting Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, reviewed 11/15/2024, revealed, The state survey agency and the stated agency for adult protective services should be notified in accordance with state law through established procedures of any allegations of abuse, neglect, exploitation or mistreatment . within 2 hours after the allegation is made if the events upon which the allegation is based involved abuse .</p> <p>Review of R49's Resident Face Sheet tab of the electronic medical record (EMR) revealed R49 was admitted with diagnoses that included schizophrenia, depression, bipolar disorder, and altered mental status.</p> <p>Review of R49's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/7/2025 and located under the RAI [Resident Assessment Instrument] MDS 3.0 Assessment tab of the EMR, revealed R49 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated R49 was cognitively intact.</p> <p>During an interview on 6/10/2025 at 9:29 am, R49 was asked if she had been abused. She stated Yes, verbally. She stated a night nurse was not allowed to come into the room. She stated she reported the incident to the Administrator. She stated the nurse [Certified Nurse Assistant (CNA) 1] came in and asked her if she could change her diaper and told her to get my ass off the phone.</p> <p>Review of the grievance complaint form, dated 2/20/2025 and provided by the facility, revealed R49 stated she felt like CNA1 was being rude to her. The form recorded, . She was rude to me, and I felt like it could be considered abuse . Adm [Administrator] spoke to roommate and she didn't hear staff being mean, just asked her to get off her phone .</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/11/2025 at 11:47 am, the Administrator confirmed the grievance revealed it could be considered an allegation of abuse as written on the grievance form from the resident at the time of the incident. She confirmed the allegation was not reported before she initiated an investigation.</p> <p>During an interview on 6/11/2025 at 12:01 pm, the Administrator confirmed the grievance was marked 2/20/2025, and she stated that was when it was reported to her. She acknowledged she did not know the exact date the incident occurred.</p> <p>During an interview on 6/11/2025 at 3:43 pm, the Administrator stated the grievance was originally absent of the date and she just filled in 2/20/2025. She stated she thought the incident occurred back in January 2025 but was unsure of the date.</p> <p>During an interview on 6/12/2025 at 9:00 am, the Administrator confirmed she was the abuse coordinator. At 9:51 am, the Administrator stated the allegation was not reported.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review, interviews, and review of the facility's policy titled, Investigation of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, the facility failed to ensure allegations of abuse were thoroughly investigated for one of three Residents (R) (R49) reviewed for abuse out of a total sample of 33. This had the potential to affect resident safety at the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Investigation of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, reviewed 11/15/2024, revealed, The Administrator of the provider is responsible for assuring that an accurate and timely investigation is completed . Documentation of the investigation should include, but not be limited to, the following: Date and time of alleged occurrence. Patient's full name and room number. Names of accused and any witnesses. Names of [facility] partners staff who investigated the allegation. Any physical evidence and description of emotional state of patient. Details of the alleged incident and injury. Signed statements from pertinent parties; Cognitive status of victim and patient who are witnesses; information gathered from the investigation. Action taken by the provider; The conclusions reached by the investigator; Name, address, and phone number of the responsible party and relatives of the victim's; and any other police or ombudsman reports or other documentation related to the investigation. For investigations when the alleged perpetrator is a CNA [Certified Nurse Assistant] or a licensed staff person, the following should also be included in the documentation of the investigation: initial employment application; certification letter; copies of personnel action taken by the provider; if applicable; a current address and phone number; social security number; and professional license number, if applicable .</p> <p>Review of R49's Resident Face Sheet tab of the electronic medical record (EMR) revealed R49 was admitted with diagnoses that included schizophrenia, depression, bipolar disorder, and altered mental status.</p> <p>Review of R49's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/7/2025 and located under the RAI [Resident Assessment Instrument] MDS 3.0 Assessment tab of the EMR, revealed R49 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated R49 was cognitively intact.</p> <p>During an interview on 6/10/2025 at 9:29 am, R49 was asked if she had experienced any abuse. She stated, Yes, verbally. She stated a night nurse was not allowed to come into the room. She stated she reported the incident to the Administrator. She stated the nurse [Certified Nurse Assistant (CNA) 1] came in and asked her if she could change her diaper and told her to get my ass off the phone. She stated there had been no issues since then. She stated she was not told what the resolution was. She stated she was told CNA1 was going to be written up.</p> <p>Review of the grievance complaint form, dated 2/20/2025 and provided by the facility, revealed R49 stated she felt like CNA1 was being rude to her. It was recorded, . She was rude to me, and I felt like it could be considered abuse . Adm [Administrator] spoke to roommate and she didn't hear staff being mean, just asked her to get off her phone .</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/11/2025 at 11:47 am, the Administrator confirmed the grievance could be considered abuse as written on the grievance form from the resident at the time of the incident. The Administrator stated she talked to the resident, roommate, and the CNA1. She stated R49's roommate did not confirm the allegation.</p> <p>During an interview on 6/11/2025 at 12:01 pm, the Administrator acknowledged she did not know the exact date the incident occurred.</p> <p>During an interview on 6/11/2025 at 3:43 pm, the Administrator stated the grievance was originally absent of the date and she just filled in 2/20/2025. She stated she thought the incident occurred back in January 2025 but was unsure of the date.</p> <p>During an interview on 6/12/2025 at 9:00 am, the Administrator confirmed she had previously started the investigation into the allegation. She stated she interviewed the resident and roommate at the time. She confirmed she was the abuse coordinator. At 9:51 am, the Administrator confirmed there was no documented evidence that additional interviews were completed. She confirmed the only documentation of the incident was on the grievance form. She stated she had not started the new investigation into the allegation that was reported to SA on 6/10/2025, until this day 6/12/2025.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 3. Review of the Face Sheet, located in the EMR under the Resident Dashboard tab, revealed R73 was admitted on [DATE] with diagnoses including cerebrovascular disease, contracture left elbow, contracture left hand, muscle weakness, and abnormal posture.</p> <p>Review of R73's annual MDS, located in the EMR under the RAI tab and with an ARD of 2/26/2025, revealed a BIMS score of three out of 15, which indicated R73 was severely cognitively impaired.</p> <p>Review of the June 202025 Physician Orders, located in the EMR under the Active Orders tab, identified an order, dated 11/21/2024, that read, Apply L [left] Elbow orthosis to L Elbow and L Resting Hand orthosis to L wrist/hand daily as tolerated, with skin inspection following removal for edema, redness, pain or skin irritation.</p> <p>Review of the OT - Therapist Progress & Discharge Summary, dated 8/1/2024 and located under the Documents tab in the EMR, noted, RESTORATIVE: Apply L Elbow orthosis to L Elbow and L Resting Hand orthosis to L wrist/hand 4-5 hr (hour) daily as tolerated, with skin inspection following removal for edema, redness, pain or skin irritation.</p> <p>On 6/10/2025 at 9:59 am, R73 was asleep in bed. The resident was not observed to have any splints on either hand. His left hand was observed to be contracted.</p> <p>On 6/10/2025 at 2:48 pm, R73 was observed seated in a Geri chair in the lounge. There was no splint on his contracted left hand.</p> <p>On 6/11/2025 at 12:12 pm, R73 was observed in bed, feeding himself, with his right hand, using a built-up spoon and divided plate. The resident had no splint on his contracted left hand.</p> <p>On 6/12/2025 at 2:35 pm, R73 was observed in the Geri chair, in the lounge. He had no splint on his contracted left hand.</p> <p>On 6/12/2025 at 4:43 pm, R73 was observed seated in the Geri chair. There was no splint on his left contracted hand.</p> <p>In an interview on 6/13/2025 at 8:47 am, CNA4 was asked if R73 was to wear a splint on his left hand due to the contracture. CNA4 stated, I'll be honest, I really don't know, but I can find out. I wasn't told to put a splint on [R73].</p> <p>In an interview on 6/13/2025 at 8:58 am, the DON was asked to provide access to the Restorative Notes in the EMR in order to view if or when a left-hand splint was applied to R73. The DON stated, There are no restorative notes. He does have order. I don't know if he has a splint.</p> <p>In an interview on 6/13/2025 at 9:00 am, the North Unit Manager/Licensed Practical Nurse (UMLPN) stated, All CNAs are trained in Restorative and are expected to apply splints.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/13/2025 at 9:00 am, Certified Medication Aide (CMA3), responsible for administering the medications to R73, said she did not know if (R73) had a splint.</p> <p>On 6/13/2025 at 9:03 am, CNA4 said he found only one splint in the resident's room and was able to put it on without R73 refusing.</p> <p>In an interview on 6/13/2025 at 10:22 am, the Occupational Therapist (OT) stated, The primary therapist is responsible for putting the orders in the system. The OT did not know who was responsible for ensuring the orders are transcribed correctly each month.</p> <p>Based on record review, observation, interview, and review of the facility's policy titled, Restorative Nursing Program, the facility failed to ensure Occupational Therapy (OT) recommendations and Care Plan interventions were followed regarding the placement of splints/braces and failed to ensure physician orders were clear as to how long splints/braces were to be applied for three of five Residents (R) (R5, R54, and R73) reviewed for contractures out of a total sample of 33 residents. This had the potential for the residents to have a decline in range of motion and worsening of contractures.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Restorative Nursing Program, with a revision date of 11/4/2021, revealed, It is the policy of this healthcare center to provide restorative nursing which actively focuses on achieving and to maintain optimal physical, mental, and psychological functioning and wellbeing of the resident . restorative nursing services are provided by Restorative Nursing Assistants (RNAs), Certified Nursing Assistants (CNAs), and other qualified staff . splint or brace assistance - verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint; or a scheduled program of applying and removing a splint or brace . restorative nursing care will be documented in the HER [electronic health record] or paper form .</p> <p>1. Review of R5's Face Sheet, located in the electronic medical record (EMR) under the Face Sheet tab, revealed the resident was admitted with diagnoses that included cerebral palsy, contractures of the left hand, right hand, right elbow, left elbow, muscle weakness, and profound intellectual disabilities.</p> <p>Review of R5's annual Minimum Data Set (MDS), with an assessment reference date (ARD) of 3/8/2025 and located in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) could not be completed and she was noted to be severely impaired in cognition. It was also noted that the resident had range of motion impairment in her upper and lower extremities on both sides.</p> <p>Review of R5's OT [Occupational Therapy] Therapist Progress and Discharge Summary, dated 8/2/2024 and located in the EMR under the Documents tab, revealed the resident's treatment diagnoses were contracture of the right elbow, contracture of the left elbow, contracture of the right hand, and contracture of the left hand. Staff was instructed on splint wear precautions, splint application protocols with four to five hours of wear as tolerated from 7:00 am to 7:00 pm with skin check inspections to potentially prevent further contractures. Staff demonstrated knowledge of discharge instructions.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R5's Care Plan, with a reviewed date of 3/5/2025 and located in the EMR under the Care Plan tab, revealed the resident required restorative nursing for splints/braces for upper extremities to maintain current range of motion (ROM) and to prevent further contractures. The goal was that the resident would participate with splint/brace for bilateral hand/wrist/elbow splints daily as tolerated with assistance of one staff from 7:00 am to 7:00 pm.</p> <p>Review of R5's active physician's Orders, located in the EMR under the Orders tab, revealed staff were to apply a left elbow orthosis (splint/brace), hand/wrist splints to joints daily as tolerated with skin inspection following the removal. There was no length of time indicated in the physician's orders for how long the splints should remain on.</p> <p>Review of R5's Certified Nurse Aides (CNAs) Restorative documentation, provided by the facility, revealed there was no documented evidence the resident had the splints/braces applied at all on 6/7/2025, on 6/10/2025 it was documented the splints/braces were applied for a total of 45 minutes, and on 6/11/2025 it was documented the splints/braces were applied for a total of 15 minutes. There was no evidence that the resident refused the splints/braces.</p> <p>During an observation of R5 on 6/10/2025 at 1:45 pm, the resident was in bed and both of her hands and left elbow were contracted. There were no splints/braces observed on the resident. R5 was non-verbal.</p> <p>During an observation of R5 on 6/11/2025 at 1:00 pm, the resident was in bed and no splints/braces were observed on the resident.</p> <p>During an interview and observation on 6/12/2025 at 10:30 am, Certified Nursing Assistant (CNA)3 revealed she was the CNA assigned to the care of R5 and had taken care of her numerous times. She confirmed the resident did not have any splints/braces on and that she had never applied any splints or braces on the resident.</p> <p>2. Review of R54's Face Sheet, located in the EMR under the Face Sheet tab, revealed the resident was admitted to the facility on [DATE] with diagnoses including severe intellectual disabilities and contracture of the left elbow.</p> <p>Review of R54's quarterly MDS, with an ARD of 5/5/2025 and located in the EMR under the MDS tab, revealed a BIMS score could not be completed and she was severely impaired in cognition. It was noted that the resident had range of motion impairment in her upper and lower extremities on both sides.</p> <p>Review of R54's OT [Occupational Therapy] Therapist Progress and Discharge Summary, dated 8/2/2024 and located in the EMR under the Documents tab, revealed the resident's treatment diagnosis was contracture of the left elbow. Staff was instructed on splint wear precautions, left elbow orthosis (brace/splint) application protocols with four to five hours of wear as tolerated from 7:00 am to 7:00 pm with skin check inspections in order to potentially prevent further contractures. Staff demonstrated knowledge of discharge instructions.</p> <p>Review of R54's Care Plan, with a reviewed date of 5/15/2025 and located in the EMR under the Care Plan tab, revealed the resident required restorative nursing for splints/braces to maintain current range of motion (ROM) and to prevent further contractures to her left upper extremity.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R54's current physician's Orders, located in the EMR under the Orders tab revealed staff were to apply a left elbow orthosis to the left elbow joint daily as tolerated with skin inspection following removal for redness, edema, and pain. There was no length of time indicated in the physician's orders for how long the splints should remain on.</p> <p>Review of R54's CNA Restorative documentation, provided by the facility, revealed it was documented on 5/24/2025 that R54's left elbow orthosis was not put on at all, on 5/25/2025 it was documented the resident had on the left elbow orthosis for a total of 15 minutes, on 6/10/2025 it was documented the left elbow orthosis was put on the resident for a total of 45 minutes, and on 6/11/2025 it was documented the left elbow orthosis was put on the resident for a total of 15 minutes. There was no evidence that the resident refused the left orthosis.</p> <p>During an observation on 6/10/2025 at 1:05 pm, R54 was in her geri chair (chair used for residents who have difficulty in sitting upright) in the common area with a contracted left elbow. There was no left elbow orthosis observed on the resident.</p> <p>During an observation on 6/11/2025 at 2:00 pm, R54 was again in her geri chair with no left elbow orthosis on her elbow.</p> <p>During an interview and observation on 6/12/2025 at 10:30 am, CNA3 revealed she was the CNA assigned to the care of R54 and had taken care of her numerous times. She confirmed the resident did not have any splints/braces on and that she had never applied any splints or braces on the resident.</p> <p>During an interview on 6/12/2025 at 1:00 pm, the Director of Nursing (DON) revealed CNAs who were assigned to the care of the resident were to apply splints and braces as ordered and per the Care Plan. She revealed the residents' cares were found in the EMR under the documentation tab so the CNAs knew what cares to provide to each resident. During review of R5 and R54's Restorative documentation with the DON, she confirmed there were many times the application of the splints/braces were not documented as being done at all or for not the recommended time of four to five hours for both residents, or any documentation as to why it was not being done. The DON also confirmed the physician's Orders did not have the recommendations from the OT to have the splints/braces applied for a total of four to five hours a day.</p> <p>During an interview on 6/12/2025 at 4:00 pm, the Physical Therapy Assistant (PTA) confirmed both R5 and R54 were to have the splints/braces on four to five hours a day as tolerated between 7:00 am and 7:00 pm.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interviews, record review, and review of the position description for the Director of Health Services, the facility failed to ensure the Director of Nursing (DON) did not serve as the charge nurse unless the facility had an average daily occupancy of 60 or fewer residents. This failure had the potential to affect 90 of 90 residents.</p> <p>Findings include:</p> <p>Review of the position description for the Director of Health Services, provided by the facility and modified 12/2016, revealed the job purpose: Plans, organizes, develops and directs the overall operation of our Nursing Services Department in accordance with current federal, state, and local regulations .</p> <p>Review of the Daily Nursing Assignment, dated 4/19/2025, revealed the DON was scheduled to work as a nurse from 7:00 pm- 7:00 am for south.</p> <p>Review of the Daily Nursing Assignment, dated 4/20/2025, revealed the DON was scheduled to work as a nurse from 7:00 pm - 11:00 pm for south.</p> <p>Review of the Daily Nursing Assignment, dated 5/4/2025, revealed there was a call off for the nurse on the 7:00 pm - 7:00 am shift for north. The DON was scheduled to cover that shift.</p> <p>Review of the Daily Nursing Assignment, dated 5/21/2025, revealed there was a call off for the nurse on the 7:00 pm - 7:00 am shift for south, and the DON was on the schedule to work 11:00 PM- 5:00 AM.</p> <p>Review of the Daily Nursing Assignment, dated 5/24/2025, revealed a call off for a nurse on the 7:00 am - 7:00 pm shift and was replaced by the DON on south.</p> <p>Review of the Daily Nursing Assignment, dated 5/26/2025, revealed the DON was on the schedule as the nurse from 7:00 pm - 11:00 pm shift for south.</p> <p>Review of the Daily Nursing Assignment, dated 6/2/2025, revealed a call off for the nurse on the 7:00 pm - 7:00 am shift, and the DON was on the schedule to replace the nurse for south.</p> <p>During an interview on 6/11/2025 at 10:21 am, the DON stated Yes, she served as the charge nurse depending on the staff shortage, sometimes twice a week. She stated when she was acting as a charge nurse, she was working on a medication cart. She stated staffing was not good and they were short two nurses for day shift and two nurses for night shift.</p> <p>During an interview on 6/11/2024 at 3:43 pm, the Administrator stated they followed the CMS (Centers for Medicare and Medicaid Services) guidelines for staffing, and she was aware of the staffing shortages. She stated she was not aware of the regulatory requirement for the DON, and there was no policy related to it.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 6/12/2025 at 3:34 pm, the Administrator stated the occupancy at the facility ranged to 72-91 residents and had not been as low as 60 over the past two years.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Valdosta, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 North Ashley Street Valdosta, GA 31602	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interviews, and review of the facility's policy titled, State Minimum Staffing for Healthcare Centers, the facility failed to ensure the posted staffing was in an accessible location and posted before the beginning of the shift for five of five Residents (R) (R57, R50, R72, R65, and R79) interviewed for posted staffing with the potential to affect 90 of 90 census residents. This failure had the potential to affect the resident or resident representative's ability to know the staffing information.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, State Minimum Staffing for Healthcare Centers, reviewed 1/11/2024, revealed . 2. The facility must post the nurse staffing data on a daily basis by the beginning of each shift. 3. The form must be clear and readable and be posted in a prominent place accessible to residents and visitors .</p> <p>During a resident group interview on 6/11/2025 at 3:00 pm, the group (R57, R50, R72, R65, and R79) stated they did not know where the staff posting was located but they would like to know that information.</p> <p>During an observation and interview on 6/11/2025 at 10:21 am with the Director of Nursing (DON), she confirmed she posted the staffing on the billboard in the hall between the two nursing stations, located at the very top of the board. She confirmed the place was currently absent the staff posting and that she posted it around 10:00 am, after the morning meetings. When asked if she thought the posting was easily accessible, she said No, it's not really accessible to the residents.</p>