STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115384	A. Building B. Wing	01/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Carrollton	921 Old Newnan Road Carrollton, GA 30117

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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observations, staff and resident interviews, record reviews, and review of the facility's policy titled Self-Administration of Medications by Patients/Residents, the facility failed to assess two of 27 sampled residents (R) (R44 and R21) to determine whether it was clinically appropriate for them to safely self-administer medications. This deficient practice had the potential to place R44 and R21 at risk for unsafe medication administration. Findings include: Review of the facility's policy titled Self-Administration Protocol, revised 1/28/2020, revealed the Policy Statement stated, Each patient/resident who desires to self-administer medication is permitted to do so if the healthcare center's Licensed Nurse and physician have determined that the practice would be safe for the patient/resident and other patient/resident of the healthcare center. Medication self-administration also applies to family members who wish to administer medication. The Procedure section included . 4. If the patient/resident or family member demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted. 1. Review of the clinical record for R44 revealed diagnoses including, but not limited to, dermatitis (skin inflammation). Review of the Quarterly Minimum Data Set (MDS) assessment for R44, dated 10/21/2025, revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. Section M (Skin Conditions) documented that the resident received an application for ointment/medication. Review of the care plan for R44 revealed no documentation for self-administration of medication. There was no order for self-administration of medication. Review of the physician's orders for R44 revealed an order dated 9/9/2025 for nystatin (an antifungal) powder 100,000 units/gram, apply a small amount topically, once a day. Review of the electronic medical record (EMR) for R44 revealed no assessment for self-administration of medication. Observation on 1/9/2026 at 8:30 am revealed a container of nystatin powder on R44's bathroom sink. In an interview on 1/9/2026 at 8:30 am, Registered Nurse (RN) AA stated there were no residents on Hall 100 who self-administer medication. In an observation and interview on 1/9/2026 at 8:45 am, RN AA confirmed the medication was for R44, and it should not be in his bathroom, but instead in the wound care treatment cart. (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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	115384	A. Building B. Wing	01/11/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 1/10/2026 at 1:23 pm, the Director of Health Services (DHS) stated that prescribed medication should not be in the resident's room unless the interdisciplinary team determines the resident is capable and competent to self-administer the medication. The DHS continued to state that rounds should be conducted by the nurse managers, and they would move forward with educating their nurses. 2. Review of the EMR for R21 revealed diagnoses including, but not limited to, muscle weakness and allergic rhinitis. Review of the admission MDS assessment for R21, dated 12/25/2025, revealed that section C (Cognitive Patterns) documented a BIMS score of 13, indicating little to no cognitive impairment. Review of the physician's orders for R21 revealed no orders for lubricant eye drops or for self-administration of medication Review of the care plan for R21 revealed no care plan for self-administration of medication. Review of the EMR for R21 revealed that a Medication Self-Administration Assessment form had not been completed. Observations on 1/9/2026 at 9:35 am and at 1:23 pm, of R21's room, revealed that a bottle of OTC lubricant eyedrop was sitting on top of the bedside table. In a concurrent observation and interview on 1/10/2026 at 10:01 am, Certified Nursing Aide (CNA) BB confirmed the eye drops in R21's room and stated they should not have been there. In a concurrent interview and record review of the EMR for R21 on 1/10/2026 at 1:23 pm, the DHS confirmed that the eye drops in R21's room should not have been present, as the resident does not have orders to self-administer medications. She stated moving forward, staff will complete assessments, receive education, and she will ensure all nursing personnel understand the self-administration process.