

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Crestwood, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Pendleton Place 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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Deficiency Text Not Available</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Pruithhealth - Crestwood, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Pendleton Place 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview, and Review of the facility's policies titled, Pot/Pan Washing and Sanitation and Dishwashing, the facility failed to ensure kitchen staff thoroughly cleaned and air-dried plates and pans prior to storage. This failure had the potential to increase the risk of foodborne illness and had the potential to affect 61 of 66 residents who received dietary services.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Pot/Pan Washing and Sanitation, dated 11/16/2020 revealed, Policy Statement: It is the policy if PruittHealth that equipment and utensils are cleaned and sanitized appropriately after use to maintain a clean and sanitary environment for food preparation. Scope: This applies to all dietary partners employed by PruittHealth. Procedure: . Air dry pots and pans on the drain board. Never use a dish towel. Inspect for cleanliness and store pots and pans inverted in a clean, dry, protected area .</p> <p>Review of the facility's policy titled, Dishwashing dated 8/3/2017, revealed, Policy Statement: It is the policy of PruittHealth that all utensils, dishes, glassware and trays will be cleaned and sanitized. Scope: This policy applies to all dietary partners employed by PruittHealth. Procedure: . 8. Allow all items to thoroughly air dry before unloading racks or storing items.</p> <p>During an observation and interview on 6/23/2025 at 10:15 am, the Food Service Manager (FSM) confirmed five six-inch plates were found to have been stacked for use and were still wet and had not properly been allowed to air-dry. Interview with the FSM at this time, stated, the dishes should be dry before being stacked.</p> <p>During an observation and interview on 6/23/2025 at 10:2025 am, the FSM confirmed two pans, 6 inches by 12 inches by 3 inches deep, two pans 12 inches by 18 inches by 3 inches deep, and three pans 12 inches by 18 inches by 6 inches deep that had been cleaned and stacked for use and were still wet when they were stacked. The pans were found to have been stacked wet and not allowed to air dry. Interview with the FSM at this time, stated, they should be dry before being put away, they weren't allowed to properly dry.</p>		