STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115391	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Eastside	2795 Finney Circle Macon, GA 31217

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on staff and responsible party (RP) interviews, record review, and review of the facility's document titled Charge Nurse Workflow, the facility failed to notify one resident's (R) (R1) RP of a change in condition and transfer to the hospital. This failure had the potential to affect one of three residents reviewed for notification of change. Findings include:Review of the facility's document titled Charge Nurse Workflow, updated on 4/19/2022, revealed that when a change of condition is identified, the resident's RP would be notified.Review of the Face Sheet for R1 revealed an original admission date of 3/31/2025. The Face Sheet documented that the primary contact for R1 was Other-Guardian with a name and telephone number listed, and was listed as 1 in the Call Order column. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 6/24/2025, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition.Review of a document titled Into to Admission revealed that a Department of Human Services representative was documented as R1's responsible party. Review of R1's Progress Note, dated 7/1/2025 at 12:21 pm, revealed that R1 was noted with increased psychosis. He is threatening to knock over the computer monitors and hit other residents. Resident is yelling and cursing throughout facility. 'LCSW' [Licensed Clinical Social Worker] is in-house and wrote a 10-13 order, NP [Nurse Practitioner] notified. RP notified of situation and transport decision and stated ok.In an interview on 7/14/2025 at 3:57 pm, the Director of Health Services (DHS) revealed she called the resident's RP when he was exhibiting those behaviors on 7/1/2025. When asked who the RP was, the DHS stated she spoke to R1's Daughter. The DHS stated the emergency contact on R1's dashboard was the contact information she used. When the DHS was asked if she knew that the DHS representative was the RP, not R1's daughter, the DHS stated that normally the resident's RP was noted on the resident's dashboard under emergency contact, so that's who she called for the notification. During an interview on 7/16/2025 at 9:39 am, R1's RP stated she received a phone call on 7/9/2025 from R1's daughter asking for an update on R1. She further stated that was the first time R1's RP was made aware of R1 being sent to the hospital.

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