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	01/14/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of the facility policy titled Medication Administration: Insulin Injections, the facility failed to ensure insulin was provided according to the blood sugar parameters on the sliding scale insulin physician order for one of five residents (Resident (R) 4), reviewed for unnecessary medications. This deficient practice had the potential to place R4 at increased risk of uncontrolled blood sugar levels. Findings include: Review of the facility's policy titled Medication Administration: Insulin Injections, reviewed 7/28/2025, revealed Check the resident's MAR [medication administration record] or EMAR [electronic MAR] for current orders. Determine what is required according to the prescriber's orders and gather supplies needed.Document administration on the paper MAR or within the e-MAR or use numeric code.Review of R4's Face Sheet, located under the Face Sheet section of the electronic medical record (EMR), revealed the resident was admitted [DATE] and readmitted [DATE] with diagnoses to include type two diabetes mellitus. Review of R4's Orders, listed under the Orders section of the EMR, revealed the following: -Start date 8/6/25, Humalog U-100 Insulin (Insulin lispro) solution; 100 unit/mL [milliliter]; amt [amount]: Per Sliding Scale; if Blood Sugar is less than 65, call MD [Medical Doctor]. If Blood Sugar is 150 to 200, give 2 units.Before Meals and At Bedtime 06:30 AM, 11:30 AM, 04:30 PM, 0900 PM. Review of the medications administration history, provided by the facility and dated 12/1/2025-12/31/2025, revealed missing documentation for blood sugar results or insulin administration for 12/9/2025 at 9:00 pm, 12/10/2025 at 9:00 pm, 12/14/2025 at 11:30 am and 9:00 pm, 12/15/2025 at 6:30 am, 12/18/2025 at 11:30 am, 12/27/2025 at 9:00 pm, 12/28/2025 at 6:30 am and 9:00 pm, and 12/29/2025 at 6:30 am. There was a blood sugar result documented on 12/19/2025 at 6:30 am for 155 with zero units of insulin provided to the resident. Review of the medications administration history, provided by the facility and dated 01/01/2026-1/12/2026, revealed missing documentation for blood sugar results or insulin administration for 1/2/2026 at 6:30 am and 9:00 pm, 1/3/2026 at 6:30 am, 1/10/2026 at 9:00 pm, and 1/11/2026 at 6:30 am. There was a blood sugar result documented on 1/6/2026 at 9:00 pm for 188 with zero units of insulin provided to the resident.During an interview and record review on 1/13/2026 at 3:13 pm, the Unit Manager, Licensed Practical Nurse (LPN)3, stated that the staff were not following the scale. She stated R4 should have received two units of insulin per the physician's order on 12/19/2025 at 6:30 am and 1/6/2026 at 9:00 pm. For the blank sections, she said the insulin was not given and that if it is not documented, then it was not done. She stated the staff should have ensured R4 received the insulin coverage she needed. During an interview on 1/13/2026 at 3:13 pm, the Corporate Consultant stated the expectation was to follow the policy.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility policy titled Medication Delivery, the facility failed to ensure medications were stored securely and inaccessible to unauthorized individuals in two of four medication carts. This deficient practice created the potential for residents, unauthorized staff, and visitors to have access to medications and biologicals stored on the medication cart. The facility census was 83 residents. Findings include:Review of the facility's policy titled Medication Delivery, dated 2022, revealed that medications are to be secured at all times and in the presence of licensed staff qualified to administer medications.During an observation on 1/12/2026 at 9:37 am, a medication cart located in the East Hallway, outside of residents' rooms 117-116, was observed unlocked and unattended, with the key present and medications placed on top of the cart. The cart contained multiple labeled prescription medications and medication administration supplies. No licensed staff were observed in the immediate area for approximately five minutes.During an interview with Licensed Practical Nurse (LPN) 3 on 1/12/2026 at 9:45 am, she revealed that she was the Unit Manager on East Hall and had walked away from the medication cart to take care of something, leaving it unattended and unlocked.During an observation on 1/13/2026 at 9:18 am, a medication cart located in the [NAME] Hallway, outside resident room [ROOM NUMBER], was observed to be unlocked and unattended for three minutes. The cart contained scheduled and non-scheduled medications. The cart remained unlocked while Registered Nurse (RN) 2, assigned to the cart, was observed inside a resident room with the door closed. During the observation, RN 2 returned to the cart and observed the surveyor standing beside it. She reached for the lock and stated, Oh, I was not supposed to do that, referring to leaving the cart unlocked.During an interview on 1/14/2026 at 4:05 pm, the Director of Nursing (DON) confirmed that facility policy required all medication carts to remain locked when unattended. The DON acknowledged that leaving medication carts unlocked is not an acceptable practice and places residents at risk.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interview, and review of the facility policy titled Hand Hygiene Policy, the facility failed to ensure staff properly performed hand hygiene and peri care for one of three residents (Resident (R)11) observed receiving care. This deficient practice had the potential to place R11 at increased risk of infection. Findings include:Review of the facility policy titled Hand Hygiene Policy, dated 2022, revealed:Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene policy. Between resident contacts. [and] after handling contaminated objects. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.Observation on 1/11/2026 at 3:03 pm revealed Certified Nurse Aide (CNA) 2 wearing gloves while assisting the wound care nurse with a dressing change for R11. After the dressing change was completed, CNA2 removed the gloves and exited the room briefly to obtain supplies. CNA2 was not observed performing hand hygiene prior to re-entering the room and donning (putting on) gloves without performing hand hygiene. CNA2 observed that R11 had a bowel movement and was wearing an adult brief. While wearing the same gloves, CNA2 touched the bed covers, removed R11's pants and adult brief, and proceeded to provide peri care. CNA2 wiped the resident's rectal area, using three wipes bunched together, wiping the area four times without folding the wipes or obtaining clean wipes. CNA2 did not spread the labia during peri care and continued to wipe with the same soiled wipes. After removing the soiled adult brief and placing it in the trash, CNA2 did not perform hand hygiene and, with the same gloves on, applied a clean adult brief and clean pants to the resident. During an interview with CNA2 on 1/11/2026 at 4:39 pm, CNA2 stated, This is the way we do care to clean up the residents.During an interview with the Interim Assistant Director of Nursing/Infection Preventionist (ADON/ICP) on 1/12/2026 at 2:55 pm, she stated her expectation was that staff perform hand hygiene before entering a resident's room, before and after donning gloves, immediately after glove removal, and after removal of soiled adult protectors. She confirmed that hand hygiene should be performed immediately after removing gloves.