

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Scenic View		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Peach Orchard Road Baldwin, GA 30511	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility's policy titled, Care Plans, the facility failed to implement interventions/approaches identified on the comprehensive care plan for one of four sampled Residents (R) (R2) reviewed for falls.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Care Plan reviewed and revised on 7/27/2023 revealed in the Policy Statement, It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and the patient/resident choice. Under the subtitle admission Comprehensive Plan of Care section number four, review of the third paragraph revealed, The care plan approach serves as instructions for the patient/resident's care and provides continuity of care by all partners.</p> <p>Review of the Electronic Medical Record (EMR) revealed R2 was admitted to the facility with diagnoses including but not limited to hypokalemia, fracture of fifth lumbar vertebra, gait abnormality.</p> <p>Review of R2's care plan revealed resident with problem start date of 12/31/2024 with category for falls, patient/resident at risk for falls related to recent hospitalization. Goals with short-term goal target date: 5/10/2025, patient/resident will not sustain injury related to falling through next review, Fall 2/23/2024 no injury. The care plan approaches included but not limited to: Anti-rollback bars to wheelchair (w/c) approach start date: 3/20/2025; encourage resident to wear shoes when wearing regular socks and as needed, approach start date 2/23/2025; encourage use of non-skid socks, approach start date 1/11/2025.</p> <p>Review of R2's admission Minimum Data Set (MDS) assessment dated [DATE] revealed, a Brief Interview for Mental Status (BIMS) of 9 which indicated moderately impaired cognition. Section GG-Functional status revealed, R2 required supervision with eating, oral hygiene, and toileting hygiene, dependent for shower/bath, supervision for upper and lower body dressing and putting on/taking off footwear, supervision for bed mobility, partial/moderate assistance for transfers, resident uses a wheelchair. Section H- Bladder and Bowel status revealed R2 with occasional incontinence of bladder, frequently incontinence of bowel. Section J- Health Conditions revealed, a fall in the last month prior to admission/entry or reentry and a fracture related to a fall in the 6 months prior to admission/entry/reentry.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 3/24/2025 at 1:40 pm revealed, R2 sitting in a wheelchair beside the bed looking down towards the floor. Further observation revealed, there was not an anti-rollback bar attached to the back of the wheelchair.</p> <p>In an interview with Physical Therapist Assistant (PTA) PTA AA on 3/26/2025 at 9:10 am revealed, that R2 was on therapy case load, and she was the one who primarily worked with R2. She confirmed that the resident did not have anti-rollback bars on the wheelchair and was not aware she was care planned for having anti-rollback bars.</p> <p>Observation and interview on 3/26/2025 at 9:25 am with CNA BB revealed, R2 was sitting in a wheelchair at the nurses' station wearing navy blue thick socks. R2's socks was noted not to be non-skid socks nor was there an anti-rollback bar attached to the back of the wheelchair. CNA BB confirmed R2 was not wearing non-skid socks or shoes and did not have an anti-rollback bar attached to the back of the wheelchair as care planned.</p> <p>Cross Reference F689</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility's policies titled, Occurrences and Occurrence Reduction Program, the facility failed to ensure the environment was free of accident hazards and failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for one of four sampled Residents (R) (R2) reviewed for falls. This deficient practice had the potential to increase the risk for falls for R2.</p> <p>Findings include:</p> <p>Review of the facility policy titled Occurrences last reviewed and revised on 1/11/2024 revealed under the Policy Statement, The healthcare center recognizes that due to the frailty of the patients/residents served, there is an increased risk of occurrences that may result in injury to the patient/resident and/or others. To prevent occurrences, each patient/resident will be observed and assessed for risks. Appropriate, realistic interventions will be implemented in accordance with their plan of care.</p> <p>Review of the facility policy titled Occurrence Reduction Program last reviewed and revised on 1/29/2021 revealed under the Policy Statement, In an effort to prevent occurrences, each patient/resident will be assessed for risk and appropriate and realistic interventions will be implemented upon identification of risk and after a fall. These interventions will be included in the care plan.</p> <p>Review of the facility document titled, All Falls for Facility with a start date of 2/1/2025 and an end date of 2/28/2025 revealed, R2 had two unwitnessed falls on 2/2/2025 and 2/3/2025, and one fall (not documented as witnessed or unwitnessed) on 2/23/2025. Review of the facility document titled, All Falls for Facility with a start date of 3/1/2025 and an end date of 3/24/2025 revealed R2 had one witnessed fall on 3/6/2024 and three unwitnessed falls on 3/1/2025, 3/12/2025, and 3/20/2025.</p> <p>Review of the Electronic Medical Record (EMR) under events revealed R2 also had falls on the following dates: 1/11/2025, 1/16/2025, and 1/21/2025.</p> <p>Further review of the EMR revealed R2 was admitted to the facility with diagnoses including but not limited to hypokalemia, fracture of fifth lumbar vertebra, gait abnormality.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan for R2 revealed resident with problem start date of 12/31/2024 with category for falls, patient/resident at risk for falls related to recent hospitalization. Goals with short-term goal target date: 5/10/2025, patient/resident will not sustain injury related to falling through next review, Fall 2/23/2024 no injury. Approach: Anti-rollback bars to wheelchair (w/c) approach start date: 3/20/2025; Fall 3/12/2025: encourage to use w/c with going into the bathroom, approach start date: 3/15/2025; Fall 3/6/2025: added to Restorative program, approach start date: 3/6/2025; Fall 3/1/2025: bed in low position as appropriate, approach start date: 3/1/2025; encourage resident to wear shoes when wearing regular socks and as needed, approach start date 2/23/2025; Fall 2/3/2025: encourage use of bathroom call light for assistance transferring from toilet, approach start date: 2/3/2025; Fall 1/22/2025: provide reminders to call for assistance when getting out of bed, approach start date 1/22/2025; Fall 1/21/2025: assist patient with dressing as allowed, approach start date 1/21/2025; Fall 1/11/2025: encourage use of non-skid socks, approach start date 1/11/2025; Cue for safety awareness, place call light within reach, approach start date 12/31/2024</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed, Section C (Cognitive Patterns), R2 with a Brief Interview for Mental Status (BIMS) of 9 which indicated moderately impaired cognition. Section GG (Functional Status) revealed, R2 required supervision with eating, oral hygiene, and toileting hygiene, dependent for shower/bath, supervision for upper and lower body dressing and putting on/taking off footwear, supervision for bed mobility, partial/moderate assistance for transfers, resident uses a wheelchair. Section H (Bladder and Bowel Status) revealed, R2 with occasional incontinence of bladder, frequently incontinence of bowel. Section J (Health Conditions) revealed, the resident had a fall in the last month prior to admission/entry or reentry and a fracture related to a fall in the 6 months prior to admission/entry/reentry.</p> <p>Review of R2's progress notes included the following but not limited to:</p> <p>On 1/11/2025 at 1:45 pm - witnessed fall while ambulating in room - no injuries noted - physician (MD) and Responsible Party (RP) notified.</p> <p>On 1/16/2025 at 7:00 pm - resident reported to staff that she had fallen in the bathroom while trying to pull her pants up - no injuries noted - MD and RP notified - neuro checks initiated.</p> <p>On 2/2/2025 at 3:18 pm - resident with witnessed fall at approximately 9:00 am - observed resident in wheelchair at closet door - resident started to stand, did not lock w/c which rolled backwards, resident sat down on floor - no injuries noted.</p> <p>On 2/3/2025 at 8:30 am - unwitnessed fall in the bathroom - no injuries noted.</p> <p>On 2/23/2025 at 11:16 am- resident fell in bathroom - no injuries noted.</p> <p>On 3/1/2025 at 3:07 pm - resident observed sitting in hallway on the floor outside her room - stated she thought she was in the bathroom - no injuries noted.</p> <p>On 3/6/2025 at 5:54 pm- resident with witnessed fall in her room - nurse passing meds observed resident holding bathroom door frame and standing half-way up, before the nurse could reach her, she dropped to her knees - redness noted to bilateral knees - no other injuries noted</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/12/2025 at 6:00 pm- resident with unwitnessed fall at 6 pm - found sitting on the floor in front of the bathroom door - no injuries noted.</p> <p>Observation on 3/24/2025 at 1:40 pm revealed, R2 sitting in a wheelchair beside the bed looking down towards the floor. Further observation revealed, there was not an anti-rollback bar attached to the back of the wheelchair.</p> <p>In an interview with Physical Therapist Assistant (PTA) PTA AA on 3/26/2025 at 9:10 am revealed, that R2 was on therapy case load, and she was the one who primarily worked with R2. She stated that they were working on cueing the resident to lock her wheelchair before she transfers from the wheelchair to the toilet and back to the wheelchair. She further stated that they were working on balance and strengthening exercises as well as making sure she had something to hold onto when she is brushing her teeth at the bathroom sink. She further stated that they would train the Certified Nursing Assistant (CNA)s who took care of the resident on how to safely transfer the resident and what type of cueing the resident needs. She confirmed that the resident did not have anti-rollback bars on the wheelchair and was not aware she was care planned for having anti-rollback bars. She also stated that R2 has a walker that she uses to ambulate with supervision.</p> <p>Observation and interview on 3/26/2025 at 9:25 am with CNA BB revealed, R2 was sitting in a wheelchair at the nurses' station wearing navy blue thick socks. R2's socks was noted not to be non-skid socks nor was there an anti-rollback bar attached to the back of the wheelchair. CNA BB confirmed R2 was not wearing non-skid socks or shoes and did not have an anti-rollback bar attached to the back of the wheelchair as care planned.</p> <p>Cross Reference F656</p>		