STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115394	A. Building B. Wing	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Peake	6190 Peake Road Macon, GA 31220

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 49673 Based on observation, staff interviews, and record review, the facility failed to ensure a clean homelike environment. Specifically, the facility failed to ensure the Packaged Terminal Air Condition (PTAC) unit filters were free from buildup on four of eight halls (200 Hall, 300 Hall, 600 Hall, and 700 Hall). This deficient practice had the potential to place residents at risk of living in an unsanitary living environment and a potential for diminished quality of life. Findings include: Review of a facility-provided document revealed Instructions . PTAC: Clean air filters. The Steps' section included 1. Remove or open access cover. 2. Remove air filter and inspect for cleanliness. If filter is dirty, either wash or replace depending on type of filter. If clean, reinstall filter. The document included documentation of marked done on time by the Maintenance Director (MD) on March 9, 2025. Observations on 3/8/2025 from 8:49 am to 10:26 am on the 200 and 300 Halls revealed an excessive amount of dusty grayish buildup on the PTAC filters in rooms 201, 301, 302, 304, 305, 306, and 310. Observations on 3/8/2025 from 9:09 am to 10:25 am on the 700 Hall revealed an excessive amount of dusty grayish buildup on the PTAC filters in rooms 703, 705, 706, 707, and 708. Observation on 3/9/2025 from 10:00 am to 10:30 am on the 600 Hall revealed an excessive amount of dusty grayish buildup on the PTAC filters in rooms 603, 606, 609, 610, and 611. In an interview on 3/9/2025 at 9:16 am, the MD stated the maintenance department was responsible for cleaning the PTAC units monthly. He further stated the PTAC units had not been cleaned monthly. In an interview on 3/9/2025 at 9:37 am, the Maintenance Assistant (MA) confirmed that the PTACs not being cleaned could be a risk to the residents' breathing. During an observational tour on 3/9/2025 at 9:58 am with the MD, the MD observed the PTAC filters in the identified rooms and verified the dust buildup on the filters.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673 Based on observations, resident and staff interviews, record review, and review of the facility policy titled Documentation: Charting Activities of Daily Living, the facility failed to ensure that Activities of Daily Living (ADL) care was provided, specifically showers and/or bed baths, according to the schedule for one of 36 sampled residents (R) R116. This failure had the potential to place R116 at risk of being unclean and create an environment that could increase the potential for actual infections and cause R116 to feel self-conscious of their appearance. Findings include: Review of the facility policy titled Documentation: Charting Activities of Daily Living, reviewed 1/11/2024, revealed the Procedure section included 1. CNAs (Certified Nursing Assistants) are required to enter documentation at the point of care. The following should be documented in the ADL tracking tool: Daily observation of the patients/resident ADL on each shift. Review of R116's clinical record revealed diagnoses including, but not limited to, urinary tract infection, methicillin-susceptible staphylococcus aureus infection, muscle weakness, cellulitis of left lower, and age-related physical debility. Review of R116's Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 14 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) revealed the resident required substantial/maximal assistance with shower/bath. Review of R116's Point of Care History dated 1/4/2025 through 3/10/2025 revealed R116 received seven showers/baths in 1/2025 (1/13/2025, 1/16/2025, 1/18/2025, 1/25/2025, 1/27/2025, 1/28/2025), six showers/baths in 2/2025 (2/5/2025, 2/10/2025, 2/11/2025, 2/13/2025, 2/20/2025, 2/24/2024), and one shower/bath from 3/1/2025 to 3/10/2025 (3/8/2025). Review of R116's care plan, initiated on 1/6/2025 and revised on 3/8/2025, revealed that R116 required ADL assistance due to generalized weakness. Interventions included to shower/bath as scheduled and PRN (as needed). In an interview on 3/8/2025 at 10:10 am, R116 stated she did not receive a bath last week. In an interview on 3/10/2025 at 9:13 am, the Director of Nursing (DON) and Regional Nurse Consultant (RNC) confirmed that R116 had not received showers/baths according to the schedule. The RNC stated that a notation would be located under the progress notes if the resident refused a shower/bath and confirmed there were no notes of refusal of showers/baths. In an interview on 3/10/2025 at 11:54 am, the DON stated R119 was scheduled to receive a shower/bath on Tuesday and Friday of each week, confirmed that R116 had not received the showers/baths as scheduled, and stated she was unsure why she had not received one as scheduled. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Pruitthealth - Peake		STREET ADDRESS, CITY, STATE, ZIP CODE 6190 Peake Road Macon, GA 31220	

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/10/2025 at 12:16 pm, Unit Manager (UM)/Licensed Practical Nurse (LPN) CC stated if a resident refuses ADL care, it should be documented in the nurse's notes. She confirmed that R116 should receive a shower/bath each Tuesday and Friday.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673 Based on observations, staff interviews, record review, and a review of the facility policy titled Oxygen Administration, the facility failed to ensure one of 19 residents (R) (R19) with physician's orders for oxygen (O2) was administered O2 therapy in accordance with the physician's orders. The deficient practice had the potential to place R19 at risk for medical complications, unmet needs, and a diminished quality of life. Findings include: Review of the facility policy titled Oxygen Administration, revised date 8/2/2023, revealed the Policy Statement was It is the policy of [Name of Corporation] to provide oxygen safely and accurately to appropriate patients/residents. The Procedure section included, Oxygen will be administered by licensed personnel only when ordered by the physician, PA (physician's Assistant) or NP (Nurse Practitioner). The physician order may be written . or may specify the number of liters, method of administration, and length of time the oxygen is to be administered. Review of R19's Face Sheet revealed diagnoses including, but not limited to, thrombotic pulmonary emboli and chronic obstructive pulmonary disease. Review of R19's Admission Minimum Data Set (MDS), dated [DATE], revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 12 (indicating little to no cognitive impairment) and section O (Special Treatments, Procedures, and Programs) documented that R19 received O2. Review of R19's care plan, initiated on 11/22/2024 and revised on 3/8/2025, revealed that the resident required continuous O2 related to disease process (COPD). Approaches included administering O2 as ordered. Review of R19's Physicians Orders revealed an order dated 11/20/2024 for O2 at 2 liters per minute (LPM) via nasal cannula (NC) continuous. Observation on 3/8/2025 at 9:01 am revealed R19's O2 concentrator was set on 4 LPM and was being delivered to R19 via a NC. In an interview on 3/9/2025 at 9:06 am, Licensed Practical Nurse (LPN) AA verified that R19's physician's order was for O2 at 2 LPM via NC. In a concurrent observation and interview on 3/9/2025 at 9:08 am, Registered Nurse (RN) BB confirmed that R19's O2 flow rate was set at 4 LPM, which was higher than the physician's order. In an interview on 3/9/2025 at 9:11 am, LPN AA revealed she made rounds every day to ensure residents were breathing and stated she did not check oxygen flow rates yesterday or today. LPN AA stated she thought R19 oxygen flow rate was correct. LPN AA further stated that R19's oxygen flow rate should not be higher than the physician's order. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/9/2025 at 9:54 am, RN BB stated administering O2 at a flow rate higher than ordered could affect the resident's respiratory status. In an interview on 3/10/2025 at 9:07 am, the Director of Nursing (DON) revealed an audit was conducted on all O2 concentrators, and flow rates had been adjusted/corrected per physician orders.