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	05/03/2026

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 0745 Level of Harm - Actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and a review of the facility policy titled Discharge Planning, the facility failed to ensure that medically related social services were provided to one of 39 sampled residents (R) (R133) related to arranging for needed mental and psychosocial counseling services after an allegation of staff-to-resident sexual assault. Psychosocial harm was identified to have occurred on 04/04/2026, using the reasonable person concept, when R133 expressed an allegation of sexual assault by a staff member, as evidenced by R133 being tearful when recalling the alleged sexual assault and expressing feelings that she was not being heard or believed. Findings include:Review of the Minimum Data Set (MDS) for R133, dated 04/12/2026, revealed a Brief Interview for Mental Status (BIMS) score of 13 (indicating little to no cognitive impairment). A review of the facility policy titled Discharge Planning, with the last revised date of 2/24/2025 revealed that discharge planning will begin with each resident and the resident's representative upon admission. The process is coordinated by Social Services/Senior Care Partner or designee. The resident, resident representative, and Interdisciplinary Team (IDT) are involved in the planning process. The post-discharge plan of care is developed with the participation of the resident and/or the resident's representative with the resident's consent. The discharge plan will be monitored and revised as necessary throughout the resident's stay. Discharge care plans will be updated after the Post admission Care Conference, reviewed quarterly, before the anticipated discharge date , and as needed. Discharge Summaries will be opened at the time of Admission, and will be edited before the anticipated discharge date by all members of the IDT to reflect the residents' discharge plans and goals.A review of the electronic medical record (EMR) revealed that the resident is a [AGE] year-old female originally admitted to the facility on [DATE] with a diagnosis including, but not limited to, major depressive disorder.A review of the Facility Incident Report (FRI) dated 04/04/2026 revealed that on 04/04/2026, R133 reported to her peers in the restorative room that Certified Nursing Assistant (CNA) FF had inserted his fingers into her vagina while bathing her the previous evening. She stated that she had complained about him before and didn't want him taking care of her any longer. Review of the facility's investigation revealed that the allegation of sexual abuse was investigated and was not substantiated. During an interview on 05/02/2026 at 10:50 AM, R133 was observed coloring in the rehabilitation room by herself. During this interview, R133 was asked how long she had lived at the facility and what it was like to live there. She avoided eye contact and stated in a very low monotone voice that she had lived at the facility for almost five years. The resident was quiet for a short moment, continuing to look down and avoid eye contact, and stated flatly, I don't want to live here anymore. When asked why, she said, in an almost whisper, that she likes everyone except one person who works here. When asked who and why, R133 looked up from her coloring, still avoiding eye contact, and stated CNA FF's name because he violated her. She stated that she knows it was more than once, but she cannot remember that well. Then she stated that he told her that no one would believe her over him. The resident was tearful at this point and asked for a napkin. She then stated, No one believes me, but he did violate me. The resident wiped (continued on next page)

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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F 0745 Level of Harm - Actual harm Residents Affected - Few	tears from her eyes and resumed coloring. At this time, the interview was adjusted to ask about other aspects of living at the facility, such as care plans, nursing care and services, visitation rights, and her family. The resident provided very short answers and continued to not make eye contact. She pulled a cell phone from under her shirt and proceeded to scroll through pictures of her family. The conversation continued for another nine minutes, with the topic unrelated to the alleged incident involving CNA FF. The resident was thanked for her time. At the end of the conversation, without looking up from her coloring, the resident stated, I just don't want to live here anymore. No one believes me here. The resident looked up, wiped tears from her eyes, and went back to coloring.During an interview on 05/02/2026 at 11:57 AM, the Social Worker (SW) stated that she has been the SW for the facility since August 2025. She confirmed that she was familiar with the incident that occurred on 04/04/2026 related to R133. She stated that on 04/04/2026, R133 reported to peers that she had been sexually violated. The residents' peers informed the Activities Assistant, who informed the Activities Director. She stated that somewhere in that process or reporting, she received the information on 04/06/2026. She stated that usually, she talks with the person who makes the allegation, offer behavior health counseling, follows up with them, completes a psycho social assessment, and completes interviews with other residents. She stated that once the resident is offered the services and signs the agreement form. She stated that once the process is started, the company that offers the services acts quickly. She stated that the resident is not saying a lot, but that the resident's family reached out to see if the facility could offer counseling. She confirmed that she did not offer counseling to the resident because the resident went out to the hospital shortly after the allegation and did not return until 04/09/2026, and that she just wasn't able to follow up from 04/09/2026 through 05/02/2026 because R133 had a lot of family in and out and I have regular day-to-day stuff I had to do. The SW was then asked if she was aware that the resident and the resident's family had requested assistance with finding another facility. She stated, I heard that they wanted to go to (facility name). She stated that she called the facility, but the facility did not have any available beds. When asked if this discharge planning was documented anywhere, she stated that she usually documents discharge planning, but in this case, she did not document this information, and she could not remember who she spoke to at the facility she called on behalf of R133. She stated that at this point, R133's discharge planing at a standstill and that she had not talked to the family about any other places. She stated that she could follow up with the family today or on Monday. During an interview on 05/02/2026 at 12:14 PM, the Administrator stated that she has been at the facility in the capacity of Administrator for two weeks. She confirmed that she is the abuse coordinator but knows little about the 04/04/2026 incident with R133 because the former Administrator was at the facility during that investigation. She stated that R133 should have been offered mental health services if needed and that the information should be documented in the clinical record.During an interview on 05/02/2026 at 2:07 PM, the SW stated that she spoke with R133 about receiving psychosocial counseling services, and the resident confirmed that she wanted to proceed with receiving the services. During an interview on 05/03/2026 at 9:00 AM, Administrative Assistant KK stated that she has been at the facility for about a year but had little communication with R133 before today. She stated that she was assigned to complete a psychosocial assessment on the resident this morning, so she is waiting for R133 to wake up. During a follow-up interview on 05/03/2026 11:35 AM, Administrative Assistant KK stated that she completed the psychosocial assessment with the resident and that the resident did become teary when discussing the sexual assault allegation. She provided a copy of the assessment dated [DATE] at 9:25 AM. She stated that the resident's personality and temperament were quiet during the assessment. She said when she asked R133 what, if anything, is frightening, the resident replied, being around the person that assaulted her. A review of the assessment dated [DATE] revealed that the discharge planning and goal setting, and the residents' overall goal for discharge were established during the assessment process: discharge to another facility.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and review of the facility's policy titled Labeling, Dating, and Storage, the facility failed to discard expired food items and failed to properly label and date food items. These deficient practices had the potential to place 112 of 118 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings include:Review of facility's policy titled Labeling, Dating, and Storage, review dated 11/11/2022, documented in the Procedure section, 1. Food and beverage items will have an identifying label as well as a received date and opened date, as applicable; for items prepared onsite, a 'use by' date will also be indicated. 2. Foods will be stored in their original or approved container and, if opened, shall be wrapped tightly with film, foil, etc.During the initial kitchen tour on 05/01/2026 at 7:43 AM, with the Assistant Dietary Manager (ADM), observations revealed:In the dry storage area:One open 2-pound (lb) bag of cereal, without an open date, One open 46 fluid ounce (oz) container of thickened orange juice, without an open date, One open 1-gallon container of hot sauce, without an open date, One 60 fl. oz. bottle of cranberry juice, with an expiration date of 04/28/2026.One 10-gallon white rubber mini trash bag labeled rice, with an expiration date of 04/23/2026. In the walk-in refrigerator:One open 2-lb turkey breast slices without an open date. In the main kitchen:Five 1-lb 4 oz whole wheat bread loaves with an expiration date of 4/29/2026. Observation on 05/02/2026 at 10:32 AM, in the dry storage area revealed five 2-lb bags of tortilla chips with an expiration of 03/22/2026.In an interview on 05/03/2026 at 10:48 AM, the ADM confirmed that the bread suppliers typically rotate the bread upon delivery. She stated she had observed that the expiration date on the bread was approaching, but was instructed to use it before that date, but forgot to discard it. The ADM stated that Dietary Aid BB confirmed leaving the turkey breast sandwich meat open during the night shift and failed to label it. The ADM stressed that all staff members have undergone in-service training and that three dates should be indicated if an item was opened.In an interview on 05/03/2026 at 11:06 AM, the Dietary Manager (DM) stated that she was responsible for labeling the food items; however, all staff members are tasked with verifying dates and disposing of expired items. The DM stated that the 10-gallon containers of rice in the dry storage area contained a date error and should have been swapped for containers with a different year-end date. The DM explained that the Activities Director brought the expired tortilla chips to the kitchen on 05/02/2026, and she did not verify the date. The DM emphasized that the night shift opened the identified food items and failed to label and date them because she completed rounds on 04/30/2026.In an interview on 05/03/2026 at 12:18 PM, the Registered Dietitian (RD) revealed that she was engaged in a leadership meeting during her visit on 04/22/2026, which focused on labeling and dating. RD explained that the meeting included specific clarification on whether an item is open, to ensure that the correct dates are provided. The Registered Dietitian stated that the potential risks associated with unlabeled, undated, and expired items could lead to the residents becoming ill.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record review, the facility failed to properly label the nutritional formula and flush containers for two of three sampled residents (R) (R139 and R88) who received nutrition through a gastrostomy tube (G-tube) [a tube surgically inserted into the stomach used to deliver nutrition and hydration] from a total sample of 39 residents. This deficient practice had the potential to place R139 and R88 at risk of medical complications and unmet needs. Findings include:1. Review of the electronic medical record (EMR) for R139 revealed admission to the facility on [DATE] with diagnoses including, but not limited to, dysphagia (difficulty swallowing) and esophagitis.Review of the physician's orders for R139 revealed an order dated 4/30/2026 of Jevity 1.5 at 40 (milliliter) mL/hour (hr). Nocturnal feeds (overnight). Turn on at 8 pm, Turn off at 6 am.Review of the care plan revealed R139 received tube feeding for the risk of aspiration, with interventions to receive tube feeding as ordered.Observations on 05/01/2026 at 10:25 AM and 05/02/2026 at 9:22 AM revealed that R139's formula and flush container labels were missing the dates and times of administration initiation.2. Review of the electronic medical record (EMR) for R88 revealed she was admitted to the facility with diagnoses of dysphagia, oropharyngeal phase (difficulty initiating a swallow), and gastroparesis (a chronic disorder of the stomach muscles working poorly).Review of the most recent annual Minimum Data Set (MDS) assessment dated [DATE] revealed that Section K (Swallowing/Nutritional Status) documented that R88 received tube feeding.Review of the physician's orders for R88 revealed an order dated 11/29/2023 for G-Tube: Osmolite 1.2 - full strength by G-tube at 65ml/hr x 16 hours (on at 6 am off at 10 pm). Further review revealed an order dated 08/07/2024 for G-Tube: Tube Flush -60 mL/hr for 16 hours.Review of the care plan for R88 documented that the resident was at risk for alteration in nutrition and is at increased risk for dehydration. She has a feeding tube r/t dysphagia and is strictly nothing by mouth (NPO).Observations on 05/01/2026 at 9:46 AM and 05/01/2026 at 2:46 PM revealed that R88's formula and flush containers were not labeled or dated with the administration initiation date and time. During a walk-through observation and interview on 05/02/2026 at 1:17 PM. Licensed Practical Nurse (LPN) CC stated the residents' formula and flush container labels should include the resident name, room number, written time, and date it was administered. LPN CC continued to state nurses should be checking to ensure the labels are fully completed, and she had not been doing rounds as expected. Further, she confirmed R139 and R88 labels were incomplete with missing dates and times on the formula and flush containers.During an interview on 05/02/2026 at 3:09 PM, the Director of Health Services (DHS) stated that tube-feeding formula and flush containers should be labeled with the date and time they were hung and with the nurse's initials.