

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Forsyth		STREET ADDRESS, CITY, STATE, ZIP CODE  521 Cabiness Road Forsyth, GA 31029	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on resident representative interviews and record review, the facility failed to provide notification of change to the resident representative for one resident (R) 2. The sample size was four. Findings include: Review of the electronic medical record (EMR) revealed resident (R) 2 was admitted to the facility on [DATE] and with diagnoses including but not limited to acute respiratory failure with hypoxia, thrombocytopenia unspecified, unspecified dementia with unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, or anxiety, and encephalopathy unspecified. MDS: Review of R2 discharge Minimum Data Set (MDS) assessment dated [DATE] section C staff assessment revealed a memory problem; severely impaired cognitive skills for daily decision making. Section GG revealed R2 is dependent with ADLs and mobility. Orders: Review of the Physician's Orders for R2 included but was not limited to: Order dated for G-TUBE: GLUCERNA 1.5 @ 45ML/HR CONTINUOUS Every Shift Days, Night Order dated for 02/23/2026 G-TUBE:TUBE FLUSH 35ML/HR WHILE TF INFUSING Every Shift Days, Night Review of Care Plan for R2 dated 02/25/2026 revealed R2 has a peg tube feeding with diagnosis of dysphagia. Goals included but not limited to; patient/ resident will maintain nutrition stability through next review. Interventions included but not limited to flush as ordered, elevate head of bed per protocol, notify medical doctor (MD) of any problems, registered dietitian (RD) to assess as needed, and tube feeding as ordered. Review of progress notes revealed: 03/05/2026 at 7:05 PM resident was seen by MD today and order noted for urinalysis and culture and sensitivity (UA C&amp;S) and Seroquel (medication) in the am as well at bedtime. Resident continues to be restless and agitated, attempting to get out of bed. Safety mat on floor next to bed. Call light in reach. Resident also pulls on G-tube tubing. Dependent of staff for all ADL's. e-signed by LPN CC03/06/2026 at 4:08 PM Resident pulled foley out with bulb intact, large amount of urine on bed. Attempted x2 straight cath, with 3 staff members, unable to obtain specimen this shift. Resident uncooperative. e-Signed by LPN GG Record Review: Resident discharged from the facility on 03/17/2026. Interview on 03/18/2026 at 6:20 PM with the Senior Nursing Consultant and Director of Health Services stated that they did not have a notification of change policy. Record Review: Resident discharged from the facility on 3/17/2026A telephone interview on 03/17/2026 at 1:00 PM with the complainant confirmed that R2 was still in the hospital. No further information was provided. An interview on 03/18/2026 at 10:27 AM with Director Health Services (DHS) confirmed staff should notify representative of falls, behavior, hospitalization, abuse and neglect, resident decline, change in medication, also if a foley, IV or any newly inserted device she expects the family representative to be notified. An interview on 03/18/2026 at 5:55 PM with the administrator revealed that nurses should follow orders when administering medications. A change in condition should be notified to the resident representative. The administrator also stated that foley placement is a change in condition and the resident representative should be notified. Staff should follow up the notification with a progress note</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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