| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115418 | A. Building<br>B. Wing | 05/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - Forsyth | 521 Cabiness Road<br>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) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observations, staff interviews, and a review of the facility's documents and policy titled, Receipt and Storage of Food and Supplies, the facility failed to discard expired food items. The deficient practices had the potential to place 61 of 62 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings Include:Review of facility's policy titled, Receipt and Storage of Food and Supplies review dated 10/20/2025, documented in Procedure 6. Supplies removed from shipping boxes should be placed on shelves or in proper bins/ containers the day of delivery. All supplies should be labeled and dated with delivery date. 7. The first in, first out (FIFO) method must be used to ensure proper rotation of all food items to help prevent spoilage. 9. Bent and/or damaged cans and/or supplies should not be placed on store room shelves or bins. These items are to be placed in a labeled designated area and stored separately to be picked up by the vendor.During the initial tour on 05/15/2026 at 7:41 AM, with [NAME] AA revealed in the dry storage revealed four 33.8 oz. box cartons of apple juice with an expiration date of 05/09/2026, six 24.5 oz flour tortillas packs with expiration 05/14/2026, six 2 lb. bags of tortilla chips with expiration date 03/22/2026, and three 5 lb. boxes of muffin mix with an expiration date of 11/25/2025. Inside the kitchen between the refrigerator and dishwashing area revealed one diary stand-alone refrigerator with 38 half pint chocolate milks with expiration date of 05/14/2026. The walk-in cooler/refrigerator revealed one box of 125 count apples with expiration date 05/11/2026 and one yellow-like block in one gallon bag identified by [NAME] AA as butter with expiration date 05/10/2026. The walk-in freezer contained two 75 oz. Canadian style bacon with expiration date 05/14/2026.Further inspection on 05/16/2026 at 11:25 AM, revealed that Dietary Aide (DA) CC was using a 104 oz. dented can of sliced apples in the muffins. DA CC acknowledged the usage and promptly discarded the remaining contents of the can. An inspection of the dry storage area uncovered another 104 oz. dented can of sliced apples on the stockroom shelf. DM verified and removed.The interview conducted on 05/16/2026 at 12:08 PM, with DA CC revealed that he overlooked the dent in the can. |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 115418 | A. Building<br>B. Wing | 05/17/2026 |

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| Pruitthealth - Forsyth | 521 Cabiness Road<br>Forsyth, GA 31029 |

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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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on observations, staff interviews, and a review of the facility policy titled, Medication Storage in Healthcare Center, the facility failed to properly lock and secure one of two medication carts (A -Hall and C-Hall.) The deficient practice increased the risk of unauthorized access and potential medication diversion.Review of the facility policy titled, Medication Storage in Healthcare Center with a revision date of 03/12/2026 revealed under the section Policy Statement documented medications and biologicals are stored safely, and securely. During an interview and observation on 05/15/2026 at 7:31 AM with LPN FF revealed medication cart for A-hall was unsecured and unattended in the resident care area. LPN FF was coming out of a resident room and confirmed the medication cart was unlocked and the medication cart should be locked immediately before walking away. |