STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115468	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Blue Ridge	99 Ouida Street Blue Ridge, GA 30513

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, staff interviews, record review and review of the facility's document titled, Water Management Plan, the facility failed to ensure residents were free of accident hazards as evidenced by water temperatures above 110 degrees Fahrenheit (F) in seven out of 49 shared resident bathrooms (Room A-12, C-10, C-12, D-2, D-3, D-5, D-6)ˆ. The deficient practice had the potential to cause injury to residents residing in these rooms.Findings include:Review of the facility's document titled Water Management Plan, dated 8/23/2024, Under the section titled Risk Factor: Water Heater revealed that the lower control limit for hot water heaters should not be below 122 F, and the upper control limit should not exceed 140 F.During observation on 7/29/2025 from 1:15 pm to 1:40 pm with the Environmental Manager, water temperature checks were conducted on A, B, and D corridors using a non-digital meat thermometer that revealed the following water temperatures: Room A-12: 130 F, ˆRoom C-10: 117 F, Room C-12: 120 F, Room D-2: 130 F, Room D-3: 140 F, Room D-5: 138 F, and Room D-6: 128 F. ˆA follow-up observation was conducted on 7/29/2025 at 5:40 pm revealed, the following adjusted water temperatures: Room A-12: 100.3 F, Room C-10: 100 F, Room C-12: 100 F, ˆRoom D-2: 85 F, Room D-3: 95 F, Room D-5: 106 F, and Room D-6: 87 F.ˆA review of facility water temperature logs showed that the water temperature checks had not been completed during the weeks of 7/21/2025 and 7/14/2025. ˆ Water temperature logs from earlier weeks (7/7/2025, 6/30/2025, 6/23/2025, 6/9/2025, 5/19/2025, and 5/12/2025) indicated temperature ranges between 105 F and 110 F. ˆAn interview conducted on 7/29/2025 at 1:25 pm with the Environmental Manager confirmed that weekly water temperature checks had not been conducted for two weeks. ˆFurther review of the facility's records confirmed that no residents sustained burn injuries related to hot water temperatures. ˆIn addition, the facility implemented new procedures to ensure compliance and resident safety: Thermometers were provided to housekeeping staff for regular temperature checks;ˆ Shower rooms were equipped with thermometers for monitoring water temperatures before use; ˆIn-service education on water temperature management was conducted on 7/29/2025 for the shower team, housekeeping, and laundry staff. ˆA service invoice dated 7/31/2025 from Rapid Flow Plumbing revealed repairs to the water heaters. ˆ The invoice noted that water heater # (number) 1 could not be adjusted below 120 F and was temporarily connected to water heater #2. ˆ New copper water lines and ball valve cut-off valves were installed, and the water temperature was set to 110 F. ˆ Further review revealed, the plumber planned to return to install a new mixing valve at water heater #1 during week of 8/4/2025. ˆUntil this time the Administrator stated all showers would be conducted in shower room on front hall. Hot water to rooms served by this mixing valve was turned off until repair was completed.During an interview on 7/30/2025 at 3:30 pm, with the Administrator revealed that a new hire to fill the role of Maintenance Director at the facility should start during the week of 8/4/2025.

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