

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Lithonia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of the policy titled Food Temperatures the facility failed to ensure that the temperature for cold food (orange juice) was maintained at a temperature of 41 degrees () Fahrenheit (F) or less; This deficient practice had the potential to promote the growth of pathogens that cause foodborne illness. This had the potential to effect 134 of the 141 residents receiving an oral diet. Findings include: Review of the policy titled Food Temperatures revised date of 10/21/2025. Policy: It is the policy of ___ that the Dietary Manager or designee be responsible for ensuring that all food has reached and continues to maintain proper temperature prior to tray assembly. Procedure: 2. All potentially hazardous cold foods must be held at 41 degrees or less. 12. Potentially hazardous cold food should be held on the line in an ice bath at 41 degrees or below. Cold foods should not be set up on meal trays longer than 15 minutes prior to meal service and must be kept on ice or chilled during tray line/meal service. An observation on 03/5/2026 at 7:29 am of temperatures taken at breakfast by cook AA using the facility's thermometer, three four-ounce plastic container of orange juice did not register below 51 F. The [NAME] stated the orange juice temperature should be 41 F or below. The Interim Dietary Manager had the staff remove the orange juice from the residents' breakfast trays. An interview on 03/6/2026 at 1:05 pm with the Registered Dietician BB stated cold items should be kept on ice during the tray line service. The Registered Dietician stated she spoke with the dietary staff on 03/5/2026 regarding keeping cold items on ice during meal service.</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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