STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115490	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Village	2000 East-West Connector Austell, GA 30106

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, staff interviews, and review of facility policies titled, Mechanically Altered Diets and Thickened Liquids and How to Puree Foods, the facility failed to ensure dietary staff followed standardized pureed food recipes for nine of nine residents receiving pureed diets. This deficient practice had the potential to result in inconsistent nutritional intake and unsafe food consistency. Findings include:Review of the facility policy titled Mechanically Altered Diets and Thickened Liquids, issued on 05/01/2019, under the section titled Procedure, revealed, Mechanically altered diets are planned, prepared, and served with supervision or consultation from a registered dietitian.Review of the facility policy titled How to Puree Foods under the section titled Preparation Steps revealed, Depending on the resident's dietary restrictions, follow the proper recipes.Observation and interview on 01/26/2026 at 11:03 AM revealed [NAME] CC preparing pureed green beans for approximately 10 residents. The cook stated the consistency he was looking for was medium and that each resident received eight ounces. The cook was observed scooping the pureed green beans during preparation. During the observation, the cook was observed adding vegetable broth twice. When asked how the amount of vegetable broth was measured, the cook stated that half of the scoop equals one cup and that he used vegetable base to make the broth. The cook stated he added one cup of broth but was not observed using a measuring device. When asked if he was following a recipe for the pureed green beans, the cook stated there was no recipe he followed for pureed foods. He stated the facility had recipes for regular diets but no recipes for pureed diets. He further stated he was trained verbally by the Executive Chef and was told each resident received eight ounces. [NAME] CC stated he had never followed a pureed recipe and was typically the staff member who prepared pureed foods, stating he was just winging it based on what they tell me. The cook further stated that if the puree was not the consistency he wanted, he added two teaspoons of thickener. During the observation, he proceeded to add thickener, stating the puree was not the consistency he wanted. [NAME] CC stated he received verbal training only and never provided written pureed food recipes.Interview on 01/26/2026 at 11:08 AM with the Dietary Director revealed the facility did not currently have standardized recipes for pureed foods and that the facility planned to work with a company to develop pureed diet recipes. She stated a potential negative outcome of not having standardized pureed recipes was that residents may not receive adequate nutrients.Interview on 01/26/2026 at 11:08 AM with the Regional Director of Operations confirmed there were no puree diets available. She stated a potential negative outcome was that pureed foods not prepared to the correct consistency could present a choking hazard, degrade nutritional value, and affect calorie intake. She stated pureed meals should resemble what residents on regular diets received and stated a company will be assisting with providing pureed diet recipes.Interview on 01/26/2026 at 12:12 PM with the Dietary Kitchen Manager revealed she stated she, the dietitian, and dietary staf fwere familiar with residents' food preferences and used production sheets to identify residents on pureed, mechanical soft, regular, and cardiac diets. She stated the facility had approximately seven to eight residents on pureed diets, some on thin liquids and others on nectar-thick liquids. She stated she verified the diet by reviewing the meal ticket and visually confirming the plate. When informed of the observation indicating pureed recipes were not being (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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	followed, the Dietary Kitchen Manager stated she was not aware recipes were not being used and stated staff were expected to follow recipes. She stated the corporate dietitian was responsible for providing pureed recipes and that following recipes was important to ensure nutritional value and consistency. The Dietary Kitchen Manager provided a copy of a pureed green bean recipe during the interview.Interview on 01/29/2026 at 9:58 AM with the Dietary Director revealed she was able to locate the pureed food recipes and acknowledged that she had recently learned where and how to access them. The Dietary Director stated her expectations were to be in compliance, ensure proper staff training, and provide dietary staff with the knowledge and tools needed to follow standardized pureed recipes. Her expectation was that this issue did not occur again. She stated staff must be trained appropriately and consistently follow recipes to ensure resident safety and nutritional adequacy. She further stated the goal was to ensure pureed foods were prepared correctly and served according to residents' prescribed diets. The Dietary Director stated potential negative outcomes of not following pureed recipes included residents getting sick, receiving food with incorrect consistency, difficulty swallowing, and possible medical complications related to improper food preparation. She emphasized the importance of ensuring pureed meals were prepared correctly for the well-being of residents and to ensure meals are consistent with prescribed therapeutic diets.Interview on 01/29/2026 at 11:58 AM with the [NAME] President of Operations (VPO) revealed expectations were for staff to follow standardized recipes and have the resources available to locate them. He stated potential negative outcomes include inconsistent food quality, meals not matching therapeutic diet orders, and residents receiving food not consistent with prescribed diets.

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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, record review, staff interviews, and review of the facility's policies titled, Labeling Food Product and Food Storage, the facility failed to ensure food items were properly labeled, dated, sealed, and discarded when expired in the pantry, freezer, cooler, and resident refrigerator. This deficient practice had the potential to affect all 62 residents who receive food orally and increased the risk of foodborne illness.Findings include:Review of the facility policy titled Labeling Food Product, reviewed on 01/02/2023, revealed under Policy: All prepared foods, leftovers and opened products stored for later use will be labeled according to food safety standards. Under Procedures: .3. a. All labels will contain the complete name of the product, the date the product was prepared or opened, the date the product must be utilized by, and the name of the individual creating the label.Review of the facility policy titled Food Storage revealed under Procedure: All products shall be dated upon receipt or when they are prepared. Under Dry Storage revealed: .Any opened products shall be placed in seamless plastic or glass containers with tight-fitting lids. Label and date all storage containers with the received date, date opened, and expiration date. Rotate stock.Observations on 01/26/2026 at 11:51 AM in the freezer revealed the following items in the freezer not properly sealed, labeled, or dated:One bag of tilapia not properly sealed and without an expiration date.One bag of hot dogs with no date.One package of pancakes with no expiration date.Observations on 01/26/2026 at 11:31 AM in the cooler revealed multiple food items stored without expiration or use-by dates, including:Orange segments in plastic containers with only a received-by date of 01/19/2026 and no expiration date.Bag of spinach with no expiration date.Bag of jalapenos with no expiration date.Bag of mint with only a received-by date of 01/26/2026.Bag of thyme with no dates.Bucket of cut potatoes with a shelf-life date of 01/25/2026 (expired at time of observation).Gluten-free bread slices with a shelf life of 01/20/2026 (expired).Six cups of greek nonfat yogurt with an expiration date of 01/05/2026 (expired).One loaf of sourdough bread dated 10/15/2025 with no expiration date.Observations on 01/26/2026 at 11:14 AM in the pantry revealed:Opened enriched elbow pasta not labeled or dated.Opened gluten-free spaghetti not labeled or dated.Expired light molasses.Expired one-gallon container of shrimp and crab boil concentrate.Five boxes of orange pekoe and pekoe cut black tea with best-by date of 12/14/2025 (expired).A bag containing two melons that were visibly spoiled.Observations and interview on 01/26/2026 at 10:20 AM in the resident refrigerator on the first floor revealed a container of half and half with a use-by date of 01/23/2026 (expired).Interview on 01/26/2026 at 12:12 PM with the Dietary Kitchen Manager (DKM) revealed the facility checks refrigerators daily and follows first-in, first-out (FIFO) practices. She stated staff assigned to refrigerator monitoring were responsible for checking expiration dates and discarding expired items. She stated a potential negative outcome of not discarding expired items was that food may appear acceptable externally while being unsafe internally.A follow-up interview on 01/29/2026 at 12:57 PM with the DKM revealed she had removed an expired item earlier that day but later observed the same item had been placed back into the refrigerator.Interview on 01/29/2026 at 9:58 AM with the Director of Dining revealed all kitchen staff shared responsibility for ensuring food items were properly labeled, dated, and discarded when expired. She stated expectations include routine walkthroughs, adherence to labeling requirements, and following food safety regulations. She stated a potential negative outcome of failing to discard expired food items is that residents become ill.Interview on 01/29/2026 at 11:58 AM with the [NAME] President of Operations revealed it was the facility's responsibility to ensure expired and exposed food items were discarded. He stated there should be a system in place with clear accountability and backup coverage. He stated a potential negative outcome of expired food items include foodborne pathogens and failure to meet quality and safety standards expected for residents.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, staff interviews, and review of the facility policy titled, Environmental Services Policy - Cleanliness and Homelike Environment, the facility failed to maintain a clean and homelike environment related to a stained wall surface in one of eight rooms (Room F8) located on F Hall. This deficient practice had the potential to negatively impact the residents' right to reside in a safe, clean, and homelike environment. Findings include:A review of the facility policy titled Environmental Services Policy - Cleanliness and Homelike Environment reviewed on 08/28/2025, under the section titled Procedure, stated, Residents' rooms, bathrooms, and common areas will be cleaned and sanitized regularly per facility schedule and infection control practices. The policy further stated, Routine inspections of residents' rooms and common areas will be conducted to ensure compliance with cleanliness and homelike standards. The policy additionally stated, All staff are responsible for maintaining a clean and dignified environment. Spills, trash, or hazards should be reported immediately-regardless of department.Observations on 01/27/2026 at 1:38 PM, 01/28/2026 at 10:35 AM, and 01/28/2026 at 3:41 PM of Room F8, located on F Hall, revealed the wall surface directly adjacent to a resident bed had multiple visible brown and yellowish stains, splatter marks, and streaking. The stains varied in size and were observed at multiple heights along the wall. Some stains appeared dried and layered.Interview and observation conducted on 01/29/2026 at 10:16 AM with Housekeeping BB, stated the process for cleaning resident rooms, wiping down anything that needed to be wiped down-anything residents touched, among other duties. She stated it was also her responsibility to clean the floors and any splatter on the walls. She stated that rooms received a deep cleaning whenever a resident left the facility. During observation she pointed to the wall and stated she saw splatters, possibly food or something else. She stated she did not see that 01/28/2026 and did not see it on 01/27/2026. She stated that it looked like it had been there for a while. Housekeeping BB stated she knew he spit, and that it looked like spit, feces and food. She stated this was the first time she had seen it. Housekeeping BB confirmed it was not a homelike environment to have that on the wall.Interview on 01/29/2026 at 10:29 AM with the Assistant Director of Nursing (ADON)/ Infection Preventionist (IP) revealed a picture of the brown stains on the resident's wall was shown to the ADON. She stated that if it was food, it was likely molding, and that the resident could pick up an infection. She stated she would expect a nurse or Certified Nursing Assistant (CNA) to clean it up, and that housekeeping would then follow up.Interview on 01/29/2026 at 10:56 AM with the Housekeeping Supervisor revealed she saw the resident's wall and stated that it could be mucus because the resident spit a lot, and it could also be food. She stated her expectation was that if housekeeping saw the resident out of the room, housekeeping should give the room a deep cleaning. HS stated a potential negative outcome was the room not being homelike, and that she would not want to live like that with stains on the wall.Interview on 01/29/2026 at 11:58 AM with the [NAME] President of Operation (VPO) revealed his expectation was one hundred percent that anyone who sees something like that reports it to the supervisor and addresses it immediately and has it cleaned right away. The VPO stated a potential negative outcome could be an infection control issue, and beyond that, not meeting expectations for cleanliness of the building.

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F 0761 Level of Harm - Minimal harm or potential for actual harm 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. Based on observations, staff interviews, and review of the facility policy titled, Storage of Medications, the facility failed to ensure medications and biologicals were stored at proper temperatures to maintain their integrity. Specifically, one of two medication refrigerators in the first-floor medication room was not maintained within the required temperature range. Additionally, temperature monitoring was not completed daily in a second medication refrigerator located in the second-floor medication room. This deficient practice had the potential for residents to receive medications with compromised effectiveness.Findings include:Review of the undated facility policy titled Storage of Medications revealed the Policy states, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. The Policy Interpretation and Implementation section further indicated: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light, and humidity controls.7. Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses' station or other secured locations.Review of the refrigerator temperature log from the first-floor medication room revealed the instructions state: Range: 36 degrees F (Fahrenheit)-46 degrees F. Adjust and comment if out of range.Review of the refrigerator temperature log from the second-floor medication room revealed the instructions state: If temperature is out of range-too warm (above 46 F) or too cold (below 36 F), act quickly and move everything to another refrigerator. Then report to maintenance.Observation on 01/28/2026 at 9:46 am of the medication storage refrigerator located in the first-floor medication room revealed a temperature of 50 F. Licensed Practical Nurse (LPN) AA confirmed the temperature reading of 50 F and stated that the night shift was responsible for checking and documenting refrigerator temperatures. Review of the temperature log for 01/28/2026 indicated the temperature had been documented as 41 F.Observation on 01/28/2026 at 9:53 AM of the medication storage refrigerator in the second-floor medication room in the presence of the Assistant Director of Nursing (ADON revealed that temperature checks had not been documented in the temperature log for 14 days in January 2025. The ADON revealed that the night shift was responsible for completing the log daily.Observation on 01/28/2026 At 10:02 AM, the surveyor and ADON returned to the first-floor medication room to recheck the refrigerator temperature. The temperature again read 50 F, which the ADON confirmed. The ADON stated the refrigerator temperature was too warm for medication storage and acknowledged that medications should have been relocated to another refrigerator and the issue reported to maintenance for corrective action.Interview on 01/29/2026 at 10:30 AM with the Director of Nursing (DON) revealed her expectation was for nursing staff to check and document medication refrigerator temperatures nightly and to take appropriate action based on the findings, as outlined in the refrigerator temperature log instructions, including adjusting the temperature and notifying maintenance as needed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interviews, and review of facility policy titled, Medication Administration Policy, the facility failed to ensure infection prevention and control practices were maintained during medication administration when food was present on one of four medication carts.Findings include:Review of the facility policy titled Medication Administration Policy revised on 01/29/2026, documented under section titled, Medication Cart Cleanliness and Prohibited Items, the policy applies to all licensed nursing staff and is intended to ensure safe and sanitary medication administration practices. Medication carts shall be maintained in a clean, organized, and professional manner at all times. The policy further stated, Medication carts are to be used exclusively for medication storage and medication administration supplies. The presence of food or beverages on or within the medication cart is strictly prohibited. Under the section titled Medication Cart Cleanliness, the policy stated, Medication carts must be clean, uncluttered, and free from visible dirt, spills, or debris, and Any contamination identified during medication administration must be addressed immediately prior to continuing the medication pass. Under the section titled Staff Responsibility and Accountability, the policy stated, Licensed nursing staff are responsible for ensuring medication carts meet cleanliness and compliance standards before, during, and after medication passes.Observation and interview on 01/28/2026 at 3:18 PM of Licensed Practical Nurse (LPN) EE revealed LPN EE was eating popcorn from a red and white bag while leaning over a medication cart during medication administration activities. Upon noticing the surveyor, LPN EE immediately discarded the popcorn bag and apologized. LPN EE was observed picking up individual popcorn pieces that had fallen onto the medication cart and discarding them. During the interview, LPN EE stated her blood sugar had dropped, which was why she was eating, and further stated she knew she was not supposed to eat on the medication cart.Interview on 01/28/2026 at 3:26 PM and 3:38 PM, and on 01/29/2026 at 10:37 AM with the Director of Nursing (DON) revealed that staff were not permitted to eat at nurse stations or over medication carts. The DON stated she was aware of the incident involving a nurse eating on the medication cart, noted that the nurse was apologetic, and acknowledged she should not have been eating on the medication cart. The DON stated she would address the issue with the nurse and provide in-service education related to staff expectations. The DON further stated expectations include that medication carts were wiped down at the start of each shift, supplies were checked for expiration dates, insulin was stored appropriately, hand hygiene was performed between residents, and medication carts remained organized. The DON stated a potential negative outcome of eating at the medication cart included contamination of the medication cart and an increased risk of infection to residents.Interview on 01/29/2026 at 11:58 AM with the [NAME] President of Operations (VPO) revealed that staff were expected not to eat on medication carts due to infection prevention and control concerns. The VPO stated staff were expected to manage personal health needs away from medication carts, as eating on a medication cart created a potential infection control risk.