STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115491	A. Building B. Wing	09/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Ashburn	441 Industrial Blvd Ashburn, GA 31714

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 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 observation, interview, and review of the facility's policy titled, Patients/Resident's Personal Food, the facility failed to label and date food items stored in the nourishment refrigerator. This deficient practice had to the potential to affect all residents who currently resided in the facility.Findings include:Review of the facility's policy titled, Patients/Resident's Personal Food revised 08/12/2024, revealed, It is the policy of [facility name] to allow the patients/resident's family to provide food items for patient/resident consumption. The patient/resident's personal food will be maintained in a clean environment to ensure sanitary storage, appropriate food handling and safe consumption of foods brought into the facility by resident's family and visitors. The policy specified, 6. Foods requiring refrigeration must be stored in the nursing units' nourishment refrigerators or in existing individual in-room refrigerators. Those items stored in the nursing units' nourishment refrigerators must be kept to a minimum due to limited space. The main facility kitchen food storage refrigerators will not be used. All food items requiring refrigeration must be labeled and dated. Any opened (non -condiment) foods will be discarded after 48 hours. Per the policy,8. Nursing/housekeeping partners will be responsible for the disposal of outdated foods maintained in the patient/resident's room and those stored in the nursing units' nourishment refrigerators/freezers.During a tour of the residents' nourishment refrigerator on 9/3/2025 at 7:17 am, there was sign posted on the door of the refrigerator that indicated the refrigerator was the residents' refrigerator only and not to place food or drinks in the refrigerator without a name or date. The following items were found in the refrigerator:-an unlabeled and undated half-full bottle of water-an unlabeled and undated can of nacho cheese-an unlabeled and undated half bottle of soda-an unlabeled and undated tray of deviled eggs-six unlabeled and undated snack size cups of yogurt-an unlabeled and undated half-full plastic cup of juice-an unlabeled and undated Styrofoam container of grits-an unlabeled lunch bag-an unlabeled and undated, half-full, opened bottle of Gatorade-an unlabeled and undated half-full jar of picklesIn the freezer, there were an unlabeled and undated single size cup of vanilla caramel covered sundae, four unlabeled and undated frozen television dinners, and an unlabeled and undated opened package of frozen chocolate candiesDuring an interview on 9/3/2025 at 7:24 am, the Dietary Manager (DM) revealed that staff knew not to use the refrigerator as it was only supposed to be used for the residents. Per the DM, everything in the refrigerator should be dated and labeled. The DM stated she would throw all the food items out.During an interview on 9/5/2025 at 9:28 am, Certified Nursing Assistant (CNA) #12 revealed that staff were not supposed to store food in the residents' nourishment refrigerator. CNA#12 stated the housekeeping staff was responsible for maintaining the resident refrigerator.During an interview on 9/5/2025 at 9:47 am, CNA #13 revealed that all foods stored in the resident refrigerator required a name, date, and room number. CNA #13 revealed that the housekeeping department was responsible for maintaining the resident refrigerator. During an interview on 9/5/2025 at 10:05 am, Licensed Practical Nurse (LPN) #14 revealed that all food items stored in the residents' refrigerator were to be labeled with the resident's name and dated. LPN #14 revealed that the housekeeping staff were responsible for removing all non-labeled or dated food items.During an interview on 9/5/2025 at 10:24 am, the Housekeeping/Floor Technician (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Supervisor revealed that she did not believe it was the responsibility of the housekeeping department to maintain the residents' refrigerator.During a follow-up interview on 9/5/2025 at 10:34 am, the DM confirmed that all food items stored in the resident refrigerator was to be labeled and dated by CNAs. The DM stated the housekeeping staff was responsible for making sure all food items were labeled and dated and for the removal of all unlabeled, undated food items.During an interview on 9/6/2025 at 11:37 am, the Administrator confirmed that all food stored in the resident's refrigerator should be labeled and dated and that he expected all staff to follow the facility's policy.

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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 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 observation, interview, record review, and review of the facility's policy titled, Enhanced Barrier Precaution (EBP), the facility failed to ensure staff wore personal protective equipment (PPE) during the provision of care for one of six sampled Residents (R) (R13) observed for medication administration.Findings include:Review of the facility's policy titled, Enhanced Barrier Precaution (EBP) revised 5/27/2025, revealed, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. The policy specified, Enhanced barrier precautions refer to an infection control prevention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high-contact resident care activities. Per the policy, 4. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens f. Changing briefs or assisting with toileting g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes h. Wound care: any skin opening requiring a dressing.Review of the Resident Face Sheet for R13 revealed the facility admitted R13 with diagnoses that included but not limited to, diagnoses of dysphagia and gastrostomy status.Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/31/2025, revealed R13 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition. The MDS indicated the resident was dependent on staff for eating, had a feeding tube, and received greater than 51% of their calories and 501 cubic centimeters or more of fluids per day through a tube feeding. Review of R13's Care Plan included a problem statement dated 3/8/2024, that indicated the resident had a tube feeding risk for aspiration, dehydration, and weight loss. Interventions directed staff to observe enhanced barrier precautions with care (initiated 8/20/2025).Review of R13's Physician Order Report for the timeframe 9/1/2025 - 9/5/2025, revealed an order dated 4/1/2025, that directed staff to administer one Jevity 1.5 bolus by way of a percutaneous endoscopic tube with 100 milliliter flush five times per day.During medication observation on 9/3/2025 at 9:18 am, Licensed Practical Nurse (LPN) #10 did not put on a gown when she entered the room of R13 to administer the resident's medications, to include their bolus tube feeding.During an interview on 9/3/2025 at 9:45 am, LPN #10 stated she observed the signage posted to the door of R13's room that indicated the resident was on EBP for their gastrostomy tube and that staff were to wash their hands before and after and wear the proper PPE to include a mask, gloves, and a gown when they cared for the resident. LPN #10 stated she was only required to wear a gown when she cared for a resident who had a wound or if the resident had an infection in their gastrostomy tube site.During an interview on 9/4/2025 at 3:36 pm, the Infection Preventionist (IP) stated residents with gastrostomy tubes, catheters, ostomies, or multidrug-resistant organisms were to be on EBP. The IP stated staff were to recognize the need for EBP by signage posted to a resident's door. The IP stated staff were to wear a gown and gloves when they provided direct care to residents on EBP. According to the IP, the nurse who provided gastrostomy tube care to include medication administration should have worn a gown during the provision of care.During an interview on 9/5/2025 at 3:32 pm, the Administrator stated he was not clinical but expected staff to wear a gown and gloves for residents on EBP. Per the Administrator, LPN #10 should have worn a gown during the provision of care for R13.