

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>28306</p> <p>Based on observation, staff interviews, record review, and review of the facility's policy titled Self-Administration of Medications by Patients/Residents, the facility failed to evaluate and determine if it was appropriate for a resident to self-administer medications for one of 29 sampled Residents (R) (R51). This failure placed the resident at risk for inappropriate and unsafe medication use.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Self-Administration of Medications by Patients/Residents, dated 1/28/2020 revealed, Each patient/resident who desires to self-administer medication is permitted to do so if the healthcare center's Licensed Nurse and physician have determined that the practice would be safe for the patient/resident and other patients/residents of the healthcare center .</p> <p>Review of R51's undated Face Sheet, revealed R51 was readmitted with a diagnosis that included chronic obstructive pulmonary disease.</p> <p>Review of R51's quarterly Minimum Data Set (MDS), located in the EMR (electronic medical record) under the MDS 3.0 Assessment tab, with an Assessment Reference Date (ARD) of 4/8/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R51 was cognitively intact.</p> <p>Review of R51's Physician's Orders located in the EMR, under the Order tab revealed on 3/27/2024 the physician ordered dextromethorphan-guaifenesin liquid 10 ml (milliliters) by mouth three times a day for cough, dorzolamide solution 2% (two percent) one drop in each eye twice a day which was ordered by the physician on 3/27/2024, and Wixela inhub 250-50 mcg/dose (microgram per dose) one puff by mouth which was ordered on 10/3/2023.</p> <p>During the medication administration observation on 5/15/2024 at 9:06 am, Licensed Practical Nurse (LPN)1 left the eye drops, cough medicine and inhaler on the over the bed table as LPN1 went out into the hallway to get another medication that was forgotten. LPN1 returned to the resident's room and administered the medications.</p> <p>During an interview on 5/15/2024 at 9:06 am, LPN1 stated, There is no order for her to self-administer her medication. I should not have left the inhaler; eye drops or cough medicine in the room. I should have brought them out with me.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 1:15 pm with the Director of Health Services (DHS), who stated, If a nurse has to leave the room and the medications have not been taken, the nurse is to ask the resident if they can take the medication at that time and if not, then the nurse is to take the medications out of the room with them. The DHS confirmed R51 did not have an order to self-administer medications.</p> <p>During an interview on 5/15/2024 at 1:25 pm, with the MDS nurse who stated, She doesn't have an order to do this. The MDS nurse confirmed R51 was not to self-administer medications to herself.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>39411</p> <p>Based on observations, staff interviews, and record review, the facility failed to ensure the call button to activate the emergency call light was accessible for one out of 29 sampled Residents (R) (R53) . This failure placed the resident at risk of accident, injury, and/or unmet needs related to an inability to call for staff assistance.</p> <p>Findings include:</p> <p>Review of R53's Face Sheet tab of the electronic medical record (EMR) revealed she was admitted with diagnoses that included heart disease, stage 3 (three) chronic kidney disease, hemiplegia and hemiparesis, contracture of right knee, dysphagia, ataxia, aphasia, vascular dementia, mood disturbance and anxiety, depression disorder and post-traumatic stress disorder (PTSD).</p> <p>Review of R53's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 4/29/2024 and located in the MDS tab of the EMR, revealed she scored six out of 15 on the Brief Interview for Mental Status (BIMS), indicating severely impaired cognition. R53 required total assistance with toileting, dressing and maximal assistance with personal hygiene. R53 required total assistance with chair to bed transfer and sit to lying position.</p> <p>Review of R53's Care Plan, dated 3/21/2024, and located in the Care Plan tab of the EMR, revealed, [R53] was at risk for falls related to decreased mobility, diagnose (dx) of dementia R53 was a high risk for falls. The approaches included Place call light within reach when in room and encourage use.</p> <p>During the initial tour of the facility on 5/13/2024 at 10:29 am R53 was sitting in the wheelchair and the call light was observed on the bed and out of the reach of the resident.</p> <p>An observation of R53 on 5/14/2024 at 11:31 am revealed R53 lying in bed with her eyes open there was no call light observed in or near the bed.</p> <p>An interview on 5/14/2024 at 11:31 am with Certified Nurse Assistant (CNA) 2 revealed that R53 was able to use the call light and has used it on occasions. CNA2 located R53's call light on the floor behind the bed.</p> <p>An observation of R53 on 5/15/2024 at 12:03 pm revealed R53 sitting in her wheelchair watching television. The call light was observed on the floor behind the bed.</p> <p>An interview on 5/15/2024 at 2:51 pm with the Director of Health Services (DHS) revealed that her expectations are that all residents have their call lights within reach while in their rooms. Additionally, the DHS stated that staff should make sure call lights are placed within the reach of the residents after all care has been provided.</p> <p>A call light policy was requested but was not provided during survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 18750</p> <p>Based on staff interview, record review, and review of the facility's policy titled Advance Beneficiary Notices (ABNs), the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) or Notice of Medicare Non-Coverage (NOMNC) for two out of three Residents (R) (R23 and R76) who were reviewed after being discharged from Medicare Part A Services and remained in the facility. The sample size was 29 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Advance Beneficiary Notices (ABNs) with a revised date of 7/19/2016 revealed, Policy Statement: The company recognizes the residents have the right to be informed in writing, in a timely fashion, about their liability for payment not of services prior to the provisions of those services if Medicare is expected to pay. The purpose of an Advance Beneficiary Notice (ABN) is to inform the resident that Medicare will probably not pay for a certain item or service in a specific situation, even if Medicare might pay for the item or service under different circumstances. This allows the resident to make an informed decision about whether or not to receive the item or service for which he/she may have to pay out of pocket or through other insurance. 3. A copy of the Advance Beneficiary Notice will be issued to the resident for his/her records and a copy will be maintained in the resident's record.</p> <p>1. Review of the undated Resident Face Sheet located in the electronic medical record (EMR) under the Face Sheet tab for R23 revealed admission to the facility on [DATE] and readmitted on [DATE]. R23 had Medicare benefits and was discontinued from skilled therapy services on 1/24/2024 per the information provided by the facility. R23 had exhausted the Medicare benefit days. Further review of the EMR revealed no documentation that SNFABN or NOMNC was issued to R23 and/or R23's representative.</p> <p>2. Review of the undated Resident Face Sheet located in the EMR under the Face Sheet tab for R76 revealed admission to the facility on [DATE]. R76 had Medicare benefits and was discontinued from skilled therapy services on 2/22/2024 per the information provided by the facility. R76 had exhausted the Medicare benefit days. Further review of the EMR revealed no documentation that a SNFABN or NOMNC was issued to R76 and/or R76's representative.</p> <p>During an interview on 5/14/2024 at 2:45 pm, the Administrator stated he was unable to locate a completed NOMNC or SNF ABN forms for two of the three residents. He stated the Social Worker was completing the notifications; however, the Business Office Manager had taken over the process. The Administrator stated he had contacted the Social Worker, who said she had provided the notification; however, did not have any copies of the notice. The Administrator confirmed there were no notes in the residents' record to indicate if or when the notices were provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>28306</p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to perform nail care for one out of 29 sampled Residents (R) (R38) requiring substantial or maximal assistance from staff for personal hygiene needs.</p> <p>Findings include:</p> <p>Review of R38's undated Face Sheet, revealed R38 was readmitted with diagnoses that included diabetes, hypertension and frequent falls.</p> <p>Review of R38's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 3/5/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of seven out of 15, indicating R38 was moderately cognitively impaired. R38 was also coded as requiring substantial or maximal assistance from staff for personal hygiene.</p> <p>Review of R38's care plans revealed there was no documentation regarding nail care.</p> <p>Observations on 5/13/2024 at 3:47 pm and on 5/14/2024 at 9:28 am revealed R38's fingernails were long with brown debris visualized under them.</p> <p>During an interview on 5/15/2024 at 9:02 am, Licensed Practical Nurse (LPN)1 stated, Her .fingernails are too long. When asked who was responsible for making sure the resident's fingernails were cut or trimmed on a regular basis LPN1 stated, I guess it would be the CNA's [Certified Nursing Assistants] responsibility to do this.</p> <p>During an interview on 5/15/2024 at 9:11 am, CNA1 stated, I don't know if I can cut her [resident's] nails. During this interview, R38 stated, My fingernails are too long and need to be cut. Can you cut them for me?</p> <p>On 5/15/2024 at 1:48 pm, the Director of Health Services (DHS) went to R38's room and confirmed the resident's fingernails were long and had brown debris under them. The DHS stated, It is the responsibility of each CNA to clean and file the resident's fingernails as needed and if there is a problem, then they [CNA] are to report this to their nurse.</p> <p>Follow up interview on 5/15/2024 at 4:30 pm with the DHS stated, We don't have a policy on activity of daily living but instead we have a procedure on how nail care is to be performed.</p> <p>Cross Reference F687</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>28306</p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to provide podiatry services to one out of 29 sampled Residents (R) (R38). This failure had the potential to affect one resident's bilateral foot health.</p> <p>Findings include:</p> <p>Review of R38's undated Face Sheet, provided by the facility, revealed R38 was readmitted with diagnoses that included but not limited to diabetes, hypertension, and frequent falls.</p> <p>Review of R38's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 3/5/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of seven out of 15, which indicated R38 had moderate cognitive impairment. Further review of the MDS revealed, R38 required substantial or maximal assistance from helper for personal hygiene.</p> <p>Observation conducted on 5/13/2024 at 3:47 pm revealed R38's toenails were long and unkept.</p> <p>Observation conducted on 5/14/2024 at 9:28 am revealed R38's toenails were long and unkept.</p> <p>During an interview on 5/15/2024 at 9:02 am, Licensed Practical Nurse (LPN)1 stated, Her [R38] toenails are too long.</p> <p>During an interview on 5/15/2024 at 9:11 am, Certified Nursing Assistant (CNA)1 stated, Her [R38] toenails are too long. The CNA went directly to the nurse to report the R38 had long toenails. LPN1 stated I will put her on the list to see the podiatrist the next time he comes. During this interview with CNA1, R38 stated, My toes hurt me so bad because my toenails are too long.</p> <p>During an interview on 5/15/2024 at 1:48 pm, the Director of Health Services (DHS) confirmed R38's toenails were too long. When asked when was the last time R38 had seen the podiatrist, the DHS stated, I don't remember but I will find out.</p> <p>Follow up interview with the DHS on 5/15/2024 at 5:00 pm stated, R38 has not seen the podiatrist since she had been admitted here. I have put her on the list to be seen in June. When asked the process in which the resident's are put on the podiatrist list to be seen, the DHS stated, If the CNA sees this is a problem, the CNA reports this to the nurse and then the nurse can put the residents on the list or they can talk to the social worker and they will put the resident on this list.</p> <p>Cross Reference F677</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>39411</p> <p>Based on record review, staff and resident interviews, the facility failed to accommodate a resident's allergies for one of 29 sampled Residents (R) (R286). Specifically, the facility served R286 foods that were documented as allergies. This deficient practice had the potential to result in harm with an allergic reaction and reduced consumption for R286.</p> <p>Findings include:</p> <p>Review of R286's Face Sheet tab of the Electronic Medical Record (EMR) revealed he was admitted to the facility with diagnoses that included chronic obstructive pulmonary disease (COPD), type II diabetes (DMII), depression, anxiety, Parkinson's disease, and renal dialysis. R286's allergies were listed as black pepper, cayenne pepper, onions and strawberries.</p> <p>Review of R286's Admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 5/4/2024 and located in the MDS tab of the EMR, revealed he scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated intact cognition.</p> <p>Review of R286's Care Plan dated 5/5/2024 and located in the Care Plan tab of the EMR, revealed [R286] has allergies to . black pepper, cayenne pepper, onions and strawberries. Goals were listed as [R286] will not receive any medication or food with allergies ingredients. The approaches included List all allergies on the chart, monitor and document allergy changes .monitor medication and food for allergy ingredients.</p> <p>Interview on 5/13/2024 at 3:10 pm with R286 revealed that he received strawberry shortcake on his lunch tray. R286 stated that he knew what it was and didn't even open the container. R286 stated that he was also allergic to all peppers including black pepper and cayenne pepper. R286 stated that he was also allergic to fish and has had that served on his meal trays.</p> <p>Review of the meal tray ticket for R286, dated 5/13/2024, revealed that strawberries were listed as an allergy. Further review revealed that angel food cake with strawberry topping was on the tray ticket and not replaced with a suitable substitution.</p> <p>Interview on 5/15/2024 at 2:28 pm with R286 revealed that he got chicken chili for dinner and had to tell the staff he could not eat it because of the ingredients.</p> <p>Review of the undated Consistency Census Report provided by the Dietary Manager (DM) revealed R286 diet was on a liberal renal diet and documented no onions, peppers (seasoning included) or fish should be served to R286. There was no mention of strawberries on this report.</p> <p>Interview on 5/15/2024 at 4:24 pm with the Director of Health Services (DHS) revealed that there was no facility policy addressing resident allergies but expected all allergies to be documented in the resident charts.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/16/2024 at 10:15 am with the DM revealed that she was aware of R286 allergies and dislikes. The DM stated that staff should be aware of the residents' allergies and dislikes and those foods should not be on the meal trays. The DM stated that staff should be aware of the ingredients in the food to be sure those foods could be served safely to the residents. The DM was not aware that strawberries or onions had been served to R286. The DM stated that she expects the staff on tray line to make sure the meal trays contain only the foods the residents are able to consume.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39411</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Labeling, Dating, and Storage, the facility failed to ensure food stored in the main kitchen and in the unit kitchenette's, were labeled, dated, and not expired. The failure had the potential to increase the prevalence and spread of foodborne illness and infection for all residents. The facility census was 83 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Labeling, Dating, and Storage, revised [DATE], indicated, Food and beverage items will have an identifying label as well as a received date and opened date . for items prepared onsite, a 'use by' date will be indicated.</p> <p>1. Observation on [DATE] at 9:20 am revealed the following items in the walk-in refrigerator during the initial kitchen tour:</p> <p>A bag of shredded cheese and a block of cheese with no use by date.</p> <p>Nineteen cartons of chocolate milk dated [DATE].</p> <p>Four ,d+[DATE] (one-half) gallon of buttermilk, dated [DATE].</p> <p>A container labeled puree turkey, dated [DATE]-[DATE].</p> <p>A container of cubed potatoes dated [DATE]-[DATE].</p> <p>A container with meat patties, unlabeled and not dated.</p> <p>A container of Macaroni and Cheese dated [DATE].</p> <p>A container with a gelled substance which was not labeled and dated [DATE]-[DATE].</p> <p>Three bags of sliced ham with no date.</p> <p>A container of mechanical chopped turkey sausage dated [DATE].</p> <p>A whole ham wrapped in foil with no label or date and stored above a case of fresh strawberries and a case of watermelon.</p> <p>Observation on [DATE] at 12:40 pm revealed the following items in the walk-in refrigerator:</p> <p>Fourteen cartons of thawed health shakes with no date. Instructions on the side of the carton indicated the product was to be used within 14 days of thawing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	

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>Interview on [DATE] at 1:41 pm with the Dietary Manager (DM) confirmed that all items should be dated with a use by date and no outdated items should remain in the walk-in refrigerator. The DM stated that left over should be saved for only 72 hours and have a discard date on them. The DM stated that the staff should follow the storage diagram for items in the walk-in refrigerator.</p> <p>2. Observation on [DATE] at 3:50 pm of the nourishment room on unit two revealed a carton of chocolate milk, dated [DATE], and a quart of prune juice, dated [DATE].</p> <p>Observation on [DATE] at 4:10 pm of the nourishment room on unit one revealed an opened tube feeding bottle of Nepro 1.8 with a best by date of February 2024 and two cartons of yogurt with no visible date.</p> <p>Interview on [DATE] at 10:24 am with the DM stated that the nourishment rooms should be checked daily for cleanliness by the dietary staff. The DM stated she was not aware of the outdated items in the nourishment rooms and confirmed that they should not have remained in the refrigerators. The DM stated that she expects the staff assigned to the nourishment rooms to discard them.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050</b></p> <p>Based on record review, staff interviews, and review of the facility's policies titled, Pneumococcal Vaccinations and Influenza (Flu) Vaccinations for Health Care Center Residents, the facility failed to provide documentation the pneumococcal and influenza vaccines had been offered, given, or previously received outside of the facility for five of five Residents (R) (R286, R23, R12, R72, and R76) reviewed for immunizations. The sample size was 29 residents.</p> <p>Findings include:</p> <p>Review of a policy provided by the facility titled, Pneumococcal Vaccinations, dated 8/29/2023 revealed All residents who reside in this healthcare center are to receive the pneumococcal vaccine(s) within the current CDC guidelines unless contraindicated by their physician or refused by the resident or residents family. If the resident is cognitively impaired, the responsible party will be contacted, and their wishes will be followed in this matter.</p> <p>Review of a policy provided by the facility title, Influenza (Flu) Vaccinations for Health Care Center Residents, dated 12/4/2023 revealed All residents who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with the vaccinations against influenza.</p> <p>1. Review of R286's undated Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed R286 was admitted to the facility on [DATE].</p> <p>Review of R286's Vaccines located under the Immunizations tab in the EMR revealed no documentation for pneumonia or influenza that had been offered, given, or previously received outside of the facility.</p> <p>2. Review of R23's undated Face Sheet located in the EMR under the Profile tab revealed R23 was admitted to the facility on [DATE].</p> <p>Review of R23's Vaccines located under the Immunizations tab in the EMR revealed no documentation for pneumonia or influenza that had been offered, given, or previously received outside of the facility.</p> <p>3. Review of R12's undated Face Sheet located in the EMR under the Profile tab revealed R12 was admitted to the facility on [DATE].</p> <p>Review of R12's Vaccines located under the Immunizations tab in the EMR revealed no documentation for pneumonia or influenza that had been offered, given, or previously received outside of the facility.</p> <p>4. Review of R72's undated Face Sheet located in the EMR under the Profile tab revealed R72 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Athens Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE  960 Hawthorne Avenue Athens, GA 30606	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R72's Vaccines located under the Immunizations tab in the EMR revealed no documentation for pneumonia or influenza that had been offered, given, or previously received outside of the facility.</p> <p>5. Review of R76's undated Face Sheet located in the EMR under the Profile tab revealed R76 was admitted to the facility on [DATE].</p> <p>Review of R76's Vaccines located under the Immunizations tab in the EMR revealed no documentation for pneumonia or influenza that had been offered, given, or previously received outside of the facility.</p> <p>Interview on 5/15/2024 at 1:33 pm with the Infection Preventionist (IP) stated, I have been in this position for two months and the immunizations are not up to date. No one in the facility has access to the Georgia Registry of Immunization Transactions and Services (GRITS). We are trying to get access to the system. The five residents (R286, R23, R12, R72, and R76) for whom immunizations were requested, were not in the EMR. There is no documentation that they were offered or given. We do not have a system upon admission to document immunizations.</p> <p>During an interview on 5/16/2024 at 9:50 am with the Director of Nursing stated, Residents should be interviewed and asked about their immunizations and have it recorded in our documents. If they decline an immunization, then document that they declined. The former IP was to be working on immunizations before she left and obviously that did not happen.</p> <p>Interview on 5/16/2024 at 10:27 am with the Administrator revealed Immunizations need to be offered to each resident and documented if refused.</p>