STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115509	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Athens Heritage	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observations, resident and staff interviews, record review, and review of the facility policy titled Self-Administration of Medications by Patients/Residents, the facility failed to ensure unauthorized and unsecured medications were not left at the bedside for two of 41 sampled residents (R) (R17 and R86). This deficient practice had the potential to place R17 and R86 at risk of medical complications related to unauthorized medication use. Findings include:Review of the facility's policy titled Self-Administration of Medications by Patients/Residents, revised 1/28/2020, revealed the Procedure section included . 6. All nurses and aides are required to report to the Charge Nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the Charge Nurse for return to the family or responsible party. Families or responsible parties are reminded of this procedure and related policy when necessary.1. Review of the electronic medical record (EMR) for R17 revealed diagnoses including, but not limited to, chronic systolic and diastolic heart failure, major depressive disorder with psychotic features, and type 2 diabetes mellitus.Review of the Quarterly Minimum Data Set (MDS) assessment for R17, dated 8/7/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented R17 required assistance with Activities of Daily Living (ADLs). Review of the care plan for R17 revealed no care plan for self-administration of medications. Review of the EMR for R17 revealed no assessment for self-administration of medications.Observations on 9/2/2025 at 11:44 am, 9/3/2025 at 10:47 am, and 9/4/2025 at 9:54 am revealed one blue container of medicated vapor rub and one blue container of medicated chest rub on R17's bedside table.Observation on 9/3/2025 at 10:02 am revealed a clear pill container containing two white pills on R17's bedside table.In an interview on 9/4/2025 at 9:56 am, Certified Nursing Assistant (CNA) GG revealed that no residents were authorized to self-administer medication and stated that if she saw medication at the bedside, she would report it to the nurse.In an interview and observation on 9/3/2025 at 10:02 am, CNA HH confirmed the identified medication on R17's bedside table. She stated she would notify a supervisor. 2. Review of the EMR for R86 revealed diagnoses including, but not limited to, major depressive disorder, recurrent, mild, unspecified dementia, and age-related physical debility.Review of the Quarterly MDS assessment for R86, dated 8/3/2025, revealed Section C (Cognitive Patterns) documented a BIMS score of 14 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented R86 required assistance with ADLs. Review of the care plan for R86revealed no care plan for self-administration of medications. Review of the EMR for R86 revealed no assessment for self-administration of medications.Observations conducted on 9/2/2025 at 10:39 am and 9/3/2025 at 9:51 am revealed one bottle of medicated eye drops on R86's bedside table. In an interview on 9/3/2025 at 9:56 am, CNA GG revealed there were no residents who self-administer medication and stated that over-the-counter medications found at the bedside were reported to the nurse.In an interview and observation on 9/3/2025 at 10:02 am, CNA HH confirmed the presence of the medicated eye drops at R86's bedside table. She stated she would report medications found at a resident's bedside to a supervisor, and residents were not authorized to self-administer.In an interview on 9/3/2025 at 10:13 am, Licensed Practical Nurse (LPN) EE stated she checked resident (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	rooms to ensure medications were not left unsecured at the bedside. She confirmed that the medications found at R17's and R86's bedsides were not administered by staff and identified potential negative outcomes, including accidental ingestion by another resident or allergic reactions.In an interview on 9/4/2025 at 11:44 am, the Director of Health Services (DHS) revealed that residents must have an order to self-administer medications. She stated that staff were expected to administer medications before leaving the room and identify and report any medications found at the bedside. She stated residents could have adverse outcomes from having unauthorized medications at the bedside. In an interview on 9/4/2025 at 1:22 pm, the Administrator revealed that medications were not allowed at the bedside unless residents had authorized orders for self-administration. She stated that staff were expected to assess the room and remove medications found unsecured at the bedside. She identified potential negative outcomes from leaving medications at the bedside, including incorrect use and a risk of the wrong resident accessing medications.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility-provided document titled Housekeeping: Discharge and Monthly Deep Cleaning of the Resident Room, the facility failed to maintain a clean, homelike environment in two of 12 resident rooms (rooms [ROOM NUMBERS]) on the 300 Hall. This deficient practice had the potential to place the residents residing in the rooms at risk of living in an unsanitary living environment and a diminished quality of life.Findings include: Review of the undated facility-provided document titled Housekeeping: Discharge and Monthly Deep Cleaning of the Resident Room revealed the Purpose section stated To detail the proper steps for the discharge and monthly deep cleaning of resident rooms in order to create a sanitary and comfortable environment for the resident. The Procedure section included, 1. Before beginning the deep/discharge clean, confirm with Maintenance Director and Housekeeping Supervisor that all Maintenance and floor care needs (.PTCA [Packaged Terminal Air Conditioner] units/clean coils, .) have been addressed.Observations on 9/2/2025 at 12:01 pm and 9/3/2025 at 9:54 am in resident room [ROOM NUMBER] revealed debris in the PTAC unit grill.Observation on 9/2/2025 at 10:42 am and 9/3/2025 at 9:52 am in room [ROOM NUMBER] revealed debris in the PTAC unit grill.In a concurrent interview and observation on 9/4/2025 at 10:59 am, the Interim Maintenance Director confirmed debris on the PTAC units in resident rooms [ROOM NUMBERS]. The Interim Maintenance Director stated he was unsure how long the debris had been present and noted that debris on PTAC units could be from burned-off coils and heating elements. He stated that housekeeping performed daily cleaning and that standardized cleaning included monthly deep cleaning. He stated that residents should feel like the facility was their home and that housekeeping should be monitoring PTAC units.In an interview on 9/4/2025 at 1:26 pm, the Administrator stated that housekeeping was responsible for cleaning the PTAC grills, and if further attention was needed, maintenance would be involved. She stated that regular dusting was completed daily, deep cleaning was completed monthly, and items that housekeeping could not reach were to be reported to maintenance. She confirmed the expectation was to maintain a clean, homelike environment with monthly deep cleaning.

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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, resident and staff interviews, record review, and review of the facility's policy titled Occurrences, the facility failed to ensure hazardous chemicals were not stored in one of 34 sampled residents' (R) (R9) rooms. This deficient practice had the potential to place R9 at risk of medical complications related to hazardous chemicals. Findings include: Review of the facility's policy titled Occurrences, revised 1/11/2024, revealed the Policy Statement section included, .To prevent occurrences, each patient/resident will be observed and assessed for risks. Appropriate, realistic interventions will be implemented in accordance with their plan of care. Review of the electronic medical record (EMR) for R9 revealed diagnoses including, but not limited to, muscle weakness, end-stage renal disease, dependence on renal dialysis, unspecified symptoms and signs involving cognitive functions, dysphagia following cerebral infarction, and aphasia following cerebral infarction. Review of the Quarterly Minimum Data Set (MDS) assessment for R9, dated 6/17/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 4 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that R9 required substantial to maximal assistance with Activities of Daily Living (ADLs). Observation on 9/2/2025 at 12:45 pm, in R9's room, revealed a pink organizational bin resting on her bedside table next to her lunch meal tray with an aerosol disinfectant spray container. In an interview, R9 stated it was her spray but did not remember where it came from. She stated she needed to use it when she cleaned her table and area. She stated it had been on her table for a while. Observation on 9/2/2025 at 12:53 pm revealed Certified Nurse Aide (CNA) CC picking up R9's lunch meal food tray, which was sitting on the bedside table next to the pink organizational bin with a can of aerosol disinfectant spray. In a concurrent interview observation on 9/2/2025 at 1:17 pm, in R9's room, Licensed Practical Nurse (LPN) AA confirmed the aerosol disinfectant spray container resting on R9's bedside table and stated the resident should not have it in the room. In an interview on 9/2/2025 at 1:20 pm, Registered Nurse (RN) BB stated R9's family member always came in and cleaned up her room, and brought cans of disinfect sprays. In an interview on 9/2/2025 at 1:25 pm, CNA CC stated he noticed the aerosol disinfectant spray in R9's room when he picked up the lunch meal tray. He confirmed he did not remove the aerosol disinfectant spray from the room when he picked up R9's lunch meal tray.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, resident and staff interviews, and review of the facility's policy titled Oxygen Administration, the facility failed to ensure oxygen was administered according to the physician's orders for two of 25 residents (R) (R5 and R34) receiving oxygen treatment. This deficient practice had the potential to place R5 and R34 at risk for respiratory complications. Findings include: Review of the facility's policy titled Oxygen Administration, revised 8/2/2023, revealed the Policy Statement section stated, It is the policy of [name of corporation] to provide oxygen safely and accurately to appropriate patients/residents. The Procedure section included, . 4. Regulate liter flow to ordered/desired flow rate. If using portable e-tank, check for full tank, and regulate flow. Turn main control valve on completely and then regulate liter flow meter to ordered/desired flow rate. 1. Review of the electronic medical record (EMR) for R34 revealed diagnoses, including but not limited to, unspecified systolic (congestive) heart failure, ischemic cardiomyopathy, old myocardial infarction, and dysphagia, oropharyngeal phase, with Klebsiella pneumoniae as the cause of diseases classified elsewhere. Review of the Quarterly Minimum Data Set (MDS) assessment for R34, dated 7/10/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 3 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented impairment in both upper and lower extremities, and required assistance with Activities of Daily Living (ADLs). Section J (Health Conditions) documented shortness of breath or trouble breathing with exertion, at rest, and when lying flat. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen therapy. Review of the care plan for R34 revealed a Problem area for oxygen use at 2 liters per minute related to heart failure, chronic left frontal lobe infarction, and a history of myocardial infarction. The Goal was to maximize oxygen levels through the next review period. Approach included oxygen at two liters. Review of the physician orders for R34 revealed an order dated 2/26/2024 for oxygen at 2 liters per minute (LPM) via nasal cannula (NC) every shift. Observation on 9/2/2025 at 11:33 am revealed R34 was receiving oxygen via an NC. The oxygen concentrator flow rate was set at 3 LPM. In an interview, R34 stated that the oxygen should be set on 2 LPM. Observation on 9/3/2025 at 10:45 am revealed R34 was receiving oxygen via an NC. The oxygen concentrator flow rate was set at 2.5 LPM. In a concurrent observation and interview on 9/4/2025 at 10:00 am, with Licensed Practical Nurse (LPN) EE confirmed R34 was receiving oxygen at 2.5 LPM via an NC, and the physician's order was for 2 LPM. LPN EE stated the nurses were responsible for reviewing physician orders and ensuring oxygen was administered as ordered. 2. Review of the EMR for R 5 revealed diagnoses, including but not limited to, pulmonary embolism, (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	acute and chronic respiratory failure with hypoxia, pulmonary fibrosis, and dyspnea. Review of the Quarterly MDS assessment for R5, dated 8/27/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented impairment in both upper and lower extremities, and required assistance with Activities of Daily Living (ADLs). Section J (Health Conditions) documented shortness of breath or trouble breathing with exertion, at rest, and when lying flat. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen therapy. Review of the care plan for R5 revealed a Problem area of respiratory failure, history of pulmonary embolism, and active diagnosis of congestive heart failure, osteoarthritis, and pulmonary fibrosis. She requires oxygen at 2 liters continuously. The Goal was for the resident to not exhibit signs of respiratory distress as evidenced by no episodes of shortness of breath or low saturations. Approach included administering oxygen at 2 LPM. Review of the physician orders for R5 revealed an order dated 5/12/2022 for oxygen at 2 LPM via an NC continuous. Observation and interview on 9/2/2025 at 12:10 pm revealed R5 was receiving oxygen via an NC. The oxygen concentrator flow rate was set at 1 LPM. R5 stated her oxygen was ordered at 2 LPM. Observation on 9/3/2025 at 10:45 am revealed R5 was receiving oxygen via an NC. The oxygen concentrator flow rate was set between 1 and 1.5 LPM. In a concurrent observation and interview on 9/4/2025 at 10:15 am, with LPN FF, observation revealed R5 receiving oxygen via an NC. The oxygen concentrator flow rate was set at 1 LPM. LPN FF confirmed the oxygen flow rate was set at 1 LPM, and the physician's order was for 2 LPM. LPN FF stated it was the nurse's responsibility to review the physician's orders and ensure oxygen was administered per the physician's orders. In an interview on 9/4/2025 at 10:40 am, the Director of Health Services (DHS) stated her expectations were for nursing staff to verify oxygen settings were accurate per physician orders each shift. In an interview on 9/4/2025 at 3:45 pm, the Administrator stated her expectations for oxygen administration practices included adhering to physician orders, ensuring the care plan was followed, and verifying that settings were correct.