| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>36200<br><br>Based on observations, staff interviews, and review of a facility document titled, Your Rights as a Patient, the facility failed to ensure a dignified dining experience for three of 46 residents (R) (R31, R68, and R608) on the [NAME] Unit. Specifically, the facility failed to ensure timely meal tray delivery for R31 and R608, pulled R68 backwards in his geriatric chair when leaving the dining area, and residents were referred to as feeders in the dining room during lunch.<br><br>Findings include:<br><br>Review of document titled YOUR RIGHTS AS A PATIENT (undated) revealed the following: under Respect and Dignity: You have the right to be treated with respect and dignity.<br><br>Breakfast observation on 5/17/2024 at 8:37 am revealed 10 residents sitting in the dining room for breakfast. R31 and R102 were sitting at table together. R102 received her breakfast at 8:37 am and R31 did not receive her breakfast until 8:47 am. All residents in the dining room received their breakfast before R31 and some had completed their breakfast prior to her receiving her tray.<br><br>Lunch observation on 5/18/2024 revealed the first meal cart delivered to the [NAME] Unit at 1:06 pm. There were eight residents in the dining area on this unit when the first cart was delivered. The second cart was delivered at 1:22 pm. R608 was at her table since the first cart was delivered but was the last resident in the dining area to receive a meal tray. At 1:28 pm, R608 began questioning staff about where her food was, and her lunch tray was delivered at 1:31 pm.<br><br>Observation on 5/18/2024 at 1:23 pm revealed R68 being pulled in his geriatric chair backwards from the dining area to his room by Licensed Practical Nurse (LPN) AA.<br><br>Observation on 5/18/2024 at 1:22 pm during lunch delivery, staff were standing near the [NAME] Unit nurse station and Certified Nursing Aide (CNA) BB could be heard across the dining area referring to a resident as a feeder multiple times.<br><br>Interview on 5/19/2024 at 12:38 pm with CNA BB who reported that she recalled referring to a resident as a feeder on the day before. CNA BB denied that she had received any training related to the dignity of residents. However, she reported one way of showing dignity to the resident would be by calling the resident by his/her preferred name.<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 5/19/2024 at 12:44 pm with LPN AA, who acknowledged that she had received education related to dignity and patient's rights, reported that R68 does not have good safety awareness and she pulled him backwards because he was insistent on going back to bed and not being in the dining area.<br><br>Interview on 5/19/2024 at 2:45 pm, the Director of Health Services (DHS) reported that she was not aware of staff referring to residents as feeders, residents not being served meals at the same time, or of residents being pulled backwards. The DHS reported that residents should be treated with respect and those at the same table should receive meal trays around the same time, residents should not be referred to as feeders, and residents in geriatric chairs should not be pulled backwards. The DON further reported that there was no policy related to dignity. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow residents to self-administer drugs if determined clinically appropriate.<br><br>36200<br><br>Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Self-Medication, the facility failed to assess one of 40 sampled residents (R) (R71) for the ability to self-administer medications prior to leaving medications at the bedside. The deficient practice had the potential to allow access to medications otherwise not prescribed by a physician to other residents, staff, or visitors.<br><br>Findings include:<br><br>Review of the facility policy titled Self-Administration of Medication by Patient/Residents, last reviewed 1/12/2024, under Policy Statement 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. Medication self-administration also applies to family members who wish to administer medication.<br><br>Review of the electronic medical record (EMR) for R71 revealed diagnoses that included but not limited to schizophrenia, major depressive disorder, anemia, and chronic kidney disease. Further review of the EMR did not indicate that R71 had been assessed to self-administer medications.<br><br>During an observation and interview on 5/17/2024 at 8:08 am R71 was observed in bed in their room watching television. Two over the counter products (vapor rub and cough drops) were observed on the nightstand by R71's bed. R71 reported that her family brought the items in for her, and she keeps them in her room.<br><br>During a subsequent observation on 5/17/2024 at 11:02 am, the vapor rub and cough drops remained at the bedside of R71.<br><br>During an interview and observation on 5/17/2024 at 11:41 am, Licensed Practical Nurse (LPN) DD reported that residents are able to have medications at the bedside if they had been assessed to do so. LPN DD verified that R71 had not been assessed to have medications at her bedside. At 11:42 am, LPN DD confirmed the medications at the bedside of R71 and then removed them.<br><br>Interview with LPN DD revealed residents are able to have OTC (over the counter) medications at their bedside if assessed to be able to do so. At 11:42 am, LPN DD confirmed items at the bedside and then removed them and informed R71 that she would get an order for R71 to have the items.<br><br>Interview on 5/19/2024 at 11:52 am with the Director of Health Services (DHS), she reported that she was not aware of R71 having OTC medications in the room prior to the nurse bringing the items to her on Friday. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0582<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.<br><br>35062<br><br>Based on record review and staff interview, the facility failed to provide the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) to one of three residents (R) (103) reviewed that were discharged from Medicare Part A coverage.<br><br>Findings include:<br><br>Review of a Beneficiary Notice-Residents discharged Within the Last Six Months form, provided by the facility, revealed that R103 was discharged off Medicare Part A skilled services on 5/18/2024 and remained in the facility afterwards with benefit days remaining.<br><br>There was no documented evidence that the SNF ABN was provided to either R103 or the responsible party.<br><br>During an interview on 5/19/2024 at 2:26 pm, the Administrator revealed that the Financial Controller was new and was familiar with Medicare Part B. They were unaware that the SNF ABN was a required notice for residents discharged from Medicare Part A skilled services who remained in the facility. She confirmed that R103 and/or the responsible party did not receive an SNF ABN. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0625<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46691<br><br>Based on staff interviews, record review, and review of the facility policy titled, Bed Hold Acknowledgment Form: Georgia, the facility failed to provide bed hold information, in writing, at the time of transfer or within 24 hours, for three of 45 residents (R) (R106, R68, and R19) who were transferred to the hospital in the last 120 days.<br><br>Findings include:<br><br>A review of the facility policy titled Bed Hold Acknowledgment Form: Georgia, reviewed 1/11/2024, revealed the Policy included Two notices related to the healthcare center's bed hold policy will be issued. The first notice of bed hold policies is given during this admission, which is well in advance of any transfer. The second notice, which specifies the duration of the bed hold policy, will be issued at the time of any transfer.<br><br>1. A review of R106's Electronic Medical Record (EMR) revealed he was discharged from the facility to a hospital on 3/31/2024, and there was no documented evidence of a bed hold notification being provided to the resident or the resident representative.<br><br>A review of the Progress Notes revealed an entry dated 3/31/2024 at 9:15 am, documenting that the resident was sent to the emergency room (ER) for evaluation due to a change in condition. There was no documentation of written bed hold information being provided.<br><br>In an interview on 5/18/2024 at 1:55 pm, Licensed Practical Nurse (LPN) GG stated she was unaware of a bed hold notice or information to be given to a resident or resident representative at the time of a transfer to the hospital and was unsure who was responsible for providing the bed hold notices to residents/resident representatives at the time of the transfer.<br><br>In an interview on 5/18/2024 at 2:00 pm, LPN AA stated she was unaware of who was responsible for providing the resident or resident representative the written bed hold notification at the time of transfers out of the facility. She stated she was unaware of a bed hold notice form used by the facility and had not provided the form to any resident or resident representative at transfers.<br><br>In an interview on 5/18/2024 at 2:10 pm, the Admissions Coordinator stated she provided information about the bed hold policy upon admission as part of the admission packet. She further stated she was not responsible for providing the written bed hold notification at the time of transfers to a hospital. She stated she thought the nurses mailed the notifications to the resident representative if the nurse did not provide it at the time of transfer.<br><br>In an interview on 5/18/2024 at 2:20 pm, the Director of Health Services (DHS) stated the nurse should provide the written bed hold notification at the time of transfer, make a copy to be scanned into the EMR, and document that the notification was provided in the nurses' progress notes. She verified there was no documentation that R106 or his representative was provided with a written bed hold notification at the time of transfer to the hospital on 3/31/2024.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0625<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 5/19/2024 at 1:57 pm, the Financial [NAME] stated the nurses were responsible for providing the bed hold notifications to the resident or resident representative at the time of a transfer. She stated the Financial office was only responsible for providing the resident and/or resident representative a notice once the resident was out of the facility for seven days.<br><br>36200<br><br>2. Review of the EMR for R68 revealed he left for a hospital stay on 4/8/2024 and returned to the facility on [DATE]. There was no evidence in the EMR that a bed hold policy was provided to the resident or resident representative when transferred to the hospital.<br><br>During an interview on 5/19/2024 at 1:58 pm with the Financial Counselor it was reported that nursing staff should have provided the bed hold notice on discharge to the hospital. However, R68 has not had a hospitalization that was more than seven days. The Financial Counselor went on to explain that once a resident has been out of the facility for longer than seven days the Financial Counselor would then send out a notice.<br><br>During an interview on 5/19/2024 at 2:11 pm with LPN Unit Manager (UM) EE, reported that nursing staff have not been sending out the bed hold notice form but will start doing so in the future.<br><br>Interview on 5/19/2024 at 3:04 pm with the DHS who reported the bed hold policy was in a book on each unit for nursing. The DHS explained that nursing staff are supposed to send the bed hold policy with a resident when going to the hospital.<br><br>35062<br><br>3. A review of R19's EMR revealed he was discharged from the facility to a hospital on 4/20/2024, and there was no documented evidence of a bed hold notification being provided to the resident or the resident representative.<br><br>A Progress Notes dated 4/20/2024 documented the resident was sent to the emergency room (ER) for evaluation due to complaints of chest pain. There was no documentation of written bed hold information being provided. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35062<br><br>Based on observations, record review, and staff interviews, the facility failed to provide specialized psychiatric services for one resident (R) (R19) with a serious mental illness (SMI) as recommended by the Preadmission Screening and Resident Review (PASRR) Level II summary. The sample size was 40 residents.<br><br>Findings include:<br><br>Review of the electronic medical record (EMR) revealed R19 was admitted to the facility on [DATE] and had a diagnosis of schizophrenia. R19 was receiving Zyprexa (antipsychotic medication) 5 milligrams (mg) at bedtime.<br><br>Review of the admission Minimum Data Set (MDS) revealed R19 was assessed on the 1/11/2024 Admission as receiving antipsychotic medication.<br><br>Review of the Georgia PASRR Level II Summary dated 1/24/2024 revealed specialized services for SMI were recommended for R19. The specialized services included behavioral health assessment/ service plan and diagnostic/ongoing psychiatric care. The resident had a corresponding care plan.<br><br>Review of the EMR revealed no documented evidence that R19 received the recommended specialized services. The was no adverse outcome related to the resident not receiving the services.<br><br>Observations on 5/17/2024 at 10:42 am, 5/18/2024 at 8:16 am, and 5/19/2024 at 8:10 am revealed R19 was pleasant and exhibited no behaviors.<br><br>Interview on 5/19/2024 at 11:30 am with Registered Nurse (RN) HH revealed she had not witnessed R19 have any behaviors.<br><br>Interview on 5/19/2024 at 9:18 am with the Social Worker (SW) revealed R19 should be receiving psychiatry and psychotherapy with (behavioral health services provider). Information should be located under resident documents in the EMR. The SW revealed the consent form was completed by the resident's responsible party and sent to (behavioral health services provider) on 1/10/2024. She stated they usually send an email back when it has been approved. Once approved, they come at least once per month. The SW thought R19 was already receiving the services. She was unable to locate information to support that the resident was receiving services. SW provided an email communication dated 5/19/2024 where she resent the consent and paperwork for treatment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46691<br><br>Based on resident and staff interviews, record review, and review of the facility policy titled, Care Plans, the facility failed to develop a care plan for one resident (R) (R50) of five reviewed for unnecessary medications and failed to implement care plan interventions for one of four residents (R77) reviewed for food/nutrition. Specifically, the facility failed to develop a care plan for the use of antipsychotic and anti-anxiety medication for R50 and failed to implement a care plan for diet as ordered for R77. These failures created the potential for R50 and R77 to not receive treatment and/or care according to their needs.<br><br>Findings include:<br><br>A review of the facility policy titled Care Plans, revised 7/27/2023, revealed the Admission Comprehensive Plan of Care section included 3. The comprehensive-person centered care plan is developed to include measurable goals and timeframes to meet a patient/resident's medical, nursing, and psychological needs, the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial needs that are identified in the comprehensive assessment. 4. The care plan approach serves as instructions for the patient/resident's care and provides continuity of care by all partners. The Care Plan Review and Update section included 1. Comprehensive care plans should be reviewed not less than quarterly according to the Omnibus Budget Reconciliation Act (OBRA) Minimum Data Set (MDS) scheduled, following the completion of the assessment. Care plan updates/reviews will be performed within seven (7) days of each quarterly assessment, each acute change in condition, and as needed following each hospital stay.<br><br>1. A review of R50's quarterly Minimum data Set (MDS) dated [DATE] revealed Section I (Active Diagnoses) documented dementia and anxiety, Section N (Medications) documented R50 received an antipsychotic and an antianxiety medication.<br><br>A review of the Physician Orders revealed an order dated 5/31/2023 for haloperidol 0.5 milligrams (mg) (an antipsychotic medication used to treat nervous, emotional, and mental conditions), give one tablet orally every eight hours. Further review revealed an order dated 11/29/2022 for Xanax (a medication used to treat anxiety) 0.5 mg, give one tablet orally every 12 hours.<br><br>A review of the care plan revealed there were no care plan areas, goals, or interventions for the use of the antipsychotic or anti-anxiety medications.<br><br>A review of the Medication Administration Record (MARS) dated May 2024, April 2024, and March 2024 revealed medications were administered as ordered.<br><br>In an interview on 5/18/2024 at 8:20 am, Registered Nurse (RN) HH stated the nurses completed the baseline care plan and the Case Management Director (CDM) completed the comprehensive care plan based on the MDS assessments. She stated the nurses also updated the care plan as needed if there were changes in the residents' condition.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 5/18/2024 at 12:50 pm, the CMD stated comprehensive care plans were created based on the MDS assessments. She stated care plans were person-centered and should reflect the information on the MDS assessments, the residents' condition and care needs. She further stated if a resident received antianxiety or antipsychotic medications, there should be a care plan area for the medications. She verified that R50's care plan did not contain a care area for an antipsychotic until 5/18/2023, and the resident began receiving an antipsychotic on 5/31/2023. She further verified the care plan did not contain a care area for anti-anxiety medication and that the resident had received anti-anxiety medication since 11/29/2022. She stated this was an oversite and should have been caught at each completed MDS assessment.<br><br>In an interview on 5/19/2024 at 10:00 am, the Director of Health Services (DHS) revealed the nurses initiated the baseline care plan when a resident was admitted , and the CMD was responsible for completing the comprehensive care plan based on MDS assessment information. The DHS stated the CMD was responsible for ensuring the care plan was updated as needed with each MDS assessment. She stated her expectation was for antipsychotic and antianxiety medications to have a care plan area with interventions relevant to the medications. She verified that R50 did not have a care plan area for the use of antipsychotic medications prior to 5/18/2024, and did not have a care plan area for the use of anti-anxiety medications.<br><br>33548<br><br>2. Review of the quarterly MDS assessment dated [DATE] revealed R77 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition.<br><br>Review of the physician orders revealed R77 was ordered a Controlled Carbohydrate (CCHO) liberalized diabetic and lactose allergy diet.<br><br>Review of the care plan revealed a concern area for R77 included that they required a therapeutic diet r/t (related to) diabetes and needs regular CCHO diet. Resident does have a lactose allergy. The intervention developed for this concern area was to give diet as ordered.<br><br>During an interview on 5/17/2024 at 11:50 am, R77 revealed that he was lactose intolerant and was being served foods that contain lactose.<br><br>Observation on 5/18/2024 at 1:15 pm revealed R77 was served country fried steak with cream sauce and sherbet. Continued observation revealed R77's lunch meal tray ticket stated Allergies: Lactose.<br><br>Interview and continued observation on 5/18/2024 at 1:18 pm, the Dietary Manager (DM) confirmed that R77 was served cream sauce and sherbet for lunch meal despite meal tray ticket stating allergy: lactose. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33548<br><br>Based on observations, resident and staff interviews, and record review, the facility failed to ensure one of 40 sampled residents (R) (R77) was served a lactose free diet as ordered by the physician. The deficient practice caused R77 to be served food items that contained lactose, which R77 was allergic to.<br><br>Findings include:<br><br>Review of the electronic medical record (EMR) revealed that R77 had diagnoses that included but not limited to type 2 diabetes, hemiplegia/hemiparesis, chronic kidney disease, and moderate protein calorie malnutrition.<br><br>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R77 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition.<br><br>Review of the Physician Orders revealed R77 was ordered to receive a Controlled Carbohydrate (CCHO) liberalized diabetic and lactose allergy diet.<br><br>During an interview on 5/17/2024 at 11:50 am, R77 revealed that he was lactose intolerant, and it was indicated on his meal tray ticket allergy to lactose but had been receiving foods that contained lactose. R77 stated that in the morning he received a cheese omelet and often he was served cereal at breakfast and regular milk was given.<br><br>Observation on 5/18/2024 at 1:15 pm revealed R77 was served country fried steak with cream sauce and sherbet. Continued observation revealed R77's lunch meal tray ticket stated Allergies: Lactose.<br><br>Interview and continued observation on 5/18/2024 at 1:18 pm with the Dietary Manager (DM), they confirmed that R77 was served cream sauce and sherbet for the lunch meal. The DM confirmed that R77's meal ticket stated, allergy to lactose. The DM revealed that R77 should not have been served the cream sauce and an alternative dessert should have been offered instead of sherbet. Further interview with the DM revealed that the cream sauce was made with cream of mushroom soup and the DM confirmed that the soup contained milk products.<br><br>During an interview on 5/19/2024 at 12:00 pm, the DM revealed that there was no facility policy regarding therapeutic diet, food allergies, or lactose intolerance. These policies were requested during the survey. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0712<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that the resident and his/her doctor meet face-to-face at all required visits.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200<br><br>Based on record review and staff interviews, the facility failed to ensure residents were seen by a physician in the facility at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, for four of 10 residents (R) (R1, R50, R52, and R72) reviewed for frequency of Physician visits.<br><br>Findings include:<br><br>1. Review of the electronic medical record (EMR) revealed R52 had diagnoses to include but not limited to paranoid schizophrenia, type 2 diabetes mellitus with diabetic chronic kidney disease, anxiety disorder, unspecified, vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, and mood disturbance.<br><br>Further review of the EMR for the past year did not indicate any physician visits for R52.<br><br>Review of the EMR for R74 admitted to the facility on [DATE]. R74 admitted under Commercial Insurance and became Medicaid effective 7/17/2024 per the Resident Census. Further review revealed that R74 was seen by the physician on 7/7/2023 and 7/20/2023. There were no other physician visits.<br><br>During an interview on 5/19/2024 at 11:42 am with the Director of Health Services (DHS), it was reported that as far as she knows the physicians should be seeing the residents at least every 60 days.<br><br>A telephone interview on 5/19/2024 at 12:22 pm when the Physician returned a phone call to the DHS. The Physician reported that he sees new residents at least once weekly. He went on to say that new residents are seen no less than once per month. It was further reported that his Nurse Practitioner (NP) makes his schedule and that determines which residents are seen when he visits the facility. The Physician went on to say that he feels that he was seeing residents more than what the regulation requires.<br><br>38997<br><br>2. Review of the Resident Face Sheet for R1 revealed she was readmitted to the facility with diagnoses of, but not limited to acute respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), and pneumonia, unspecified organism. Further review revealed R1 primary payer is Medicaid of __.<br><br>Review of the resident's annual MDS dated [DATE] Section O-Special Treatments, Procedures, and Programs Received or Performed During the Assessment Period revealed: over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident? No physician visits.<br><br>Review of the EMR for R1 revealed no documented physician visits from January 2023 through May 2024.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0712<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 46691<br><br>3. A review of R50's Face Sheet in the EMR revealed he was admitted with diagnoses including, but not limited to, lack of coordination, muscle weakness, unspecified dementia with behavior disturbances, dysphagia, anxiety, chronic pain syndrome.<br><br>A review of the Progress Notes for R50 revealed there were no documented physician visits from 5/19/2023 through 5/19/2024.<br><br>In an interview on 5/19/2024 at 1:45 pm, Corporate Nurse Consultant II stated each resident should have an in-person Physician visit and/or a Nurse Practitioner (NP) visit every 30 days regardless of payment source. She stated the Physician could alternate visits with a NP so long as the Physician provided an in-person visit every 60 days. She verified there were no Physician visits documented in R50's EMR for the last 12 months. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46691<br><br>Based on staff interviews, record review, and review of the facility policy titled, Monitoring of Antipsychotics, the facility failed to ensure that a Gradual Dose Reduction (GDR) assessment was completed at least annually for one of five sampled residents (R) (R50) reviewed for unnecessary psychotropic medication use. This failure had the potential to affect R50's highest practicable mental, physical, and psychosocial well-being.<br><br>Findings include:<br><br>A review of the facility policy titled Monitoring of Antipsychotics, reviewed 7/5/2023, revealed the Procedure section stated, 6. Gradual dose reduction is attempted with all patients/residents who receive antipsychotic medications. For patients/residents who have a true psychiatric diagnosis of schizophrenia, a gradual dose reduction assessment will be conducted twice in two separate quarters with at least one month between attempts the first year that the patient/resident is admitted or after the facility has initiated an antipsychotic medication. After the first year, gradual dose reduction assessments will be conducted annually.<br><br>A review of R50's Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section I (Active Diagnoses) documented dementia and anxiety, and Section N (Medications) documented the resident received antianxiety, antidepressant, and antipsychotic medications.<br><br>A review of the Physician Orders revealed an order dated 5/31/2023 for haloperidol (an antipsychotic medication used to treat nervous, emotional, and mental conditions), 0.5 milligrams (mg) one tablet oral every eight hours.<br><br>A review of the Medication Administration Records (MARs) revealed the haloperidol 0.5mg oral tablet was administered as ordered in May 2024, April 2024, and March 2024.<br><br>A review of a Psychiatry Follow-Up Note dated 3/13/2024 documented Continue current psychiatric medications.<br><br>A review of the GDRs for R50 revealed the most recent GDR for haloperidol 0.5mg, 1 tablet oral every eight hours was dated 4/27/2023.<br><br>In an interview on 5/18/2024 at 4:00 pm, the Director of Health Services (DHS) provided an e-mail from the pharmacist dated 5/18/2024 at 3:13 pm stating [R50's name] received Haldol, Xanax, mirtazapine, and PRN (as needed) lorazepam. He is seen regularly by a psychiatric clinician for the purpose of psychiatric evaluation and medication management. Per these progress notes dated 10/23, 1/24, and 4/24, the psych clinician concluded that no med [medication] changes were recommended.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 5/19/2024 at 10:00 am, the DHS verified there were no other GDRs for the last 12 months for the use of haloperidol for R50. She stated the pharmacist normally conducted a GDR for antipsychotic medications at least annually, and she would expect one to be completed annually for R50 for the use of haloperidol. She verified the last documented GDR for R50's haloperidol was 4/27/2023. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46691<br><br>Based on observations, staff interviews, review of the facility policy titled, Medication Storage in the Healthcare Centers, review of the facility-provided documents titled 2024 Insulin Expiration Calendar-28 Day and 2024 Latanaprost and Levemir Expiration Calendar - 6 Weeks (42 Days), and review of manufacturer packet inserts, the facility failed to ensure medications and biologicals were dated when opened, discarded on the discard dates, and stored according to manufacturer recommendations on one of three medication carts (East Unit Cart 2). These deficient practices created the potential for residents to receive medications with altered effectiveness.<br><br>Findings include:<br><br>A review of the facility policy titled Medication Storage in the Healthcare Centers, revised [DATE], revealed the Policy Statement included, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The Procedure section stated, 3. Nurses are required to check all medications for deterioration and expiration before administration. 9. Medications requiring refrigeration are stored at temperatures between 2 degrees Celsius (C) (36 degrees Fahrenheit [F]) and 8 degrees C (46 degrees F) and are kept in a refrigerator with a thermometer to allow temperature monitoring. 11. Multi-dose containers of injectables, ophthalmic (for eyes) and otic (related to the ears) preparations, and inhalers are to be dated (when opened).<br><br>A review of the facility-provided document titled 2024 Insulin Expiration Calendar-28 Day revealed a chart providing the expiration/discard date of 28 days based on the opened date for each day of the year 2024.<br><br>A review of the facility-provided document titled 2024 Latanaprost and Levemir Expiration Calendar - 6 Weeks (42 Days) revealed a chart providing the expiration/discard date of 42 days based on the opened date for each day of the year 2024.<br><br>A review of the manufacturer's packet insert for latanoprost ophthalmic solution revealed the medication should be stored under refrigeration until opened.<br><br>A review of the manufacturer's packet insert for the Trelegy Ellipta inhaler revealed that it should be discarded six weeks after opening or when the counter reads 0, whichever comes first.<br><br>A review of the manufacturer's packet insert for the Anoro Ellipta inhaler revealed that it should be discarded six weeks after opening or when the counter reads 0, whichever comes first.<br><br>A review of the manufacturer's packet insert for the Incruse Ellipta inhaler revealed that it should be discarded six weeks after opening or when the counter reads 0, whichever comes first.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation on [DATE] at 9:10 am of the East Unit Medication Cart 2 with Licensed Practical Nurse (LPN) FF revealed the following medications stored on the cart, unopened and with a pharmacy label instructing to store in the refrigerator until opened:<br><br>* insulin lispro 100 units/milliliter (ml) 10 ml vial<br><br>* Levemir insulin 100 units/ml 10 ml vial<br><br>* Levemir Flex-Pen<br><br>* latanoprost ophthalmic solution 0.0005% 5 ml container<br><br>Further observation revealed the following medications were opened with an expired discard date:<br><br>* Novolog insulin 100 units/ml 10 ml vial opened [DATE], discard [DATE]<br><br>* Levemir insulin 100 units/ml 10 ml vial opened [DATE], discard [DATE]<br><br>* Humalog Kwik Pen opened [DATE], discard [DATE]<br><br>* Incruse Ellipta inhaler 62.5 micrograms (mcg) opened [DATE], discard [DATE]<br><br>* Trelegy Ellipta inhaler 200 mcg (62.5mcg/25mcg) opened [DATE] discard [DATE]<br><br>* Anoro Ellipta inhaler 62.5mcg/25 mcg opened [DATE], discard [DATE]<br><br>* Anoro Ellipta inhaler 62.5mcg/25 mcg opened [DATE], discard [DATE]<br><br>In an interview on [DATE] at 8:20 am, LPN FF verified the identified medications. She stated medications with discard dates should be discarded on the discard date, and all medications should be stored and labeled according to manufacturer and pharmacy recommendations. She further stated she was unsure why the medications were not stored, labeled, and discarded correctly and that all nurses who worked the medication cart were responsible for ensuring the medications in the cart were stored, labeled, and discarded correctly. She further stated medications administered past the discard date could be less effective, and the resident could have an altered effect from the medication.<br><br>In an interview on [DATE] at 10:50 am, the Director of Health Services (DHS) stated her expectations were for insulins, inhalers, and ophthalmic drops to be labeled with open and discard dates and stored according to manufacturer and pharmacy instructions. She stated if a medication was labeled to be stored in the refrigerator until opened, the medication should be stored in the refrigerator until it was opened. She further stated there was a chart located on each medication cart for the nurses to go by when placing the opened and discard dates on insulin, and she expected insulin to be labeled according to the chart and discarded on the discard date. She confirmed that all nurses who worked on the medication carts were responsible for checking medication storage and labeling requirements. She further stated the Unit Managers were responsible for checking the medication carts weekly for proper storage and labeling of medications. She confirmed medications administered past the discard date or not stored as recommended by the manufacturer could cause adverse effects for the resident due to the potential for altered medication effectiveness. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>33548<br><br>Based on observations, staff interview, and review of the facility policy titled, Food Temperatures, the facility failed to ensure all food items on the steam table were held above 135 degrees Fahrenheit (F) to prevent bacteria growth. The deficient practice affected nine residents ordered a puree consistency diet from a total of 99 residents receiving an oral diet.<br><br>Findings include:<br><br>Review of the facility policy titled Food Temperatures revealed: 1. All hot foods served from the steam table must be held at or above 135 degrees F.<br><br>Steam table temperatures were obtained on 5/18/2024 at 12:45 pm. The Dietary Manager (DM) assisted with taking the food temperatures using the facility's calibrated thermometer. Continued observation revealed the puree beef patty had a temperature of 132 degrees F.<br><br>During an interview on 5/18/2024 at 12:45 pm, the DM confirmed that the puree beef patty had a temperature of 132 degrees. The DM confirmed that all food items on the steam table need to be held at or above 135 degrees. A continued interview with the DM revealed that there had not been any issues with the steam table not being able to hold food temperatures until that meal. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0814<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Dispose of garbage and refuse properly.<br><br>33548<br><br>Based on observations and staff interviews, the facility failed to prevent two of two garbage dumpsters from overflowing with excess garbage that prohibited the top lids and side doors from closing causing a potential for pests, rodents, and insects. The facility also failed to ensure one of two garbage dumpsters had a plug-in place to prevent potential leakage of garbage contaminates. The facility census was 101 residents.<br><br>Findings include:<br><br>Observation on 5/17/2024 at 9:00 am of the facility garbage dumpsters revealed that the facility had two dumpsters located on the side of the building. The dumpsters were partially surrounded by a wooded area. Continued observation revealed the dumpster on the left side had trash bags overflowing from the top and sides preventing the lids and side doors from closing. The dumpster on the right side had a large brown cardboard box overflowing from the top, preventing the top lid from being closed. A frosted, white colored garbage bag was hanging out of the side door and a tan colored liquid was observed inside the bag. The overflow of trash bags prevented the side door from closing. Further observation of the dumpster on the left revealed the plug was not in place.<br><br>During an interview on 5/17/2024 at 9:00 am the Dietary Manager (DM) confirmed that trash was overflowing from both garbage dumpsters preventing the lids and side doors from closing. The DM confirmed that the trash bag overflowing out the side door from the dumpster on the right had a tan colored liquid. The DM also confirmed that the left garbage dumpster did not have a plug-in place and would have to ask maintenance if there was one to place. The DM revealed that the garbage dumpsters were emptied by a waste management company daily, usually in the early morning. The DM stated he makes rounds two to three times a day of the dumpsters/dumpster area to ensure lids are closed, side doors shut, and no trash on the ground.<br><br>During an interview on 5/17/2024 at 9:10 am the Maintenance Director (MD) revealed that the dumpsters are emptied twice a week and are typically picked up in the afternoon. The MD revealed that they can call the waste management company for early pick-up if needed when the garbage dumpsters are full. The MD stated that he had not been made aware that the garbage dumpsters were full and overflowing. The MD revealed that he did not realize that there was no plug-in place for one of the dumpsters and would likely have to go the store and purchase a plug. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115512 | A. Building<br>B. Wing | 05/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pruitthealth - West Atlanta | 2645 Whiting Street N.W.<br>Atlanta, GA 30318 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200<br><br>Based on observations, staff interviews, and review of the facility policy titled, Cleaning Procedures: Serving Equipment, the facility failed to ensure the ice scoop bin and beverage dispenser was free from green and black buildup on one of two units (West). The deficient practice had the potential to cause an adverse outcome to those served from the affected ice scoop bin and beverage dispenser.<br><br>Findings include:<br><br>Review of the facility policy titled Cleaning Procedures: Serving Equipment, last revised 9/29/2022, policy statement revealed: It is the policy of (said facility) to maintain a clean and sanitary environment to prepare patient/resident meals.<br><br>Ice Scoop: Daily 1. Remove ice scoop and holding bin from the ice machine. 2. Wash and Sanitize. 3. Allow to air dry. 4. Return ice scoop and holding bin to the ice machine.<br><br>Observation on 5/17/2024 at 8:49 am revealed an ice chest on cart near the [NAME] nurse station. The scoop for the ice was in a clear container that had water and black buildup along the edges.<br><br>During an observation on 5/17/2024 at 10:34 am a Certified Nursing Aide (CNA) was observed delivering ice to rooms [ROOM NUMBERS]. The ice scoop remained in the clear container with the black buildup and was used to put ice in residents' cups.<br><br>Observation on 5/18/2024 at 12:15 pm revealed a CNA using the ice scoop to put ice in a cup for the resident in room [ROOM NUMBER].<br><br>During an observation and interview with Licensed Practical Nurse (LPN) AA on 5/18/2024 at 2:50 pm the black buildup in the ice scoop container was confirmed. LPN AA reported that the ice scoop container was cleaned but there was no documentation of the last time it was cleaned. It was also noted that the water dispenser sitting on the [NAME] Unit nurse desk had green and black buildup on the rubber parts inside the dispenser. It was reported that Dietary was responsible for the cleaning of this beverage dispenser.<br><br>During an observation and interview on 5/18/2024 at 3:01 pm with the Dietary Manager (DM), he confirmed that the water dispenser on the [NAME] Unit nurse station had a green and black buildup. He reported that the container was cleaned daily, and they may need to pay more attention to the cleaning. He reported that the spout on the water dispenser was removed when cleaned.<br><br>Interview on 5/19/2024 at 3:02 pm with the Director of Health Services (DHS) revealed that there was not a schedule for cleaning the ice scoop on the units, but they will come up with a system moving forward. |