STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115512	A. Building B. Wing	09/18/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observations, staff interviews, record reviews and review of the facility's policies titled, Infection Control-Housekeeping Services, the facility failed to ensure staff followed proper infection control protocols when transporting clean linen from the dryers to the folding area. This failure had the potential to contaminate all clean linen and clean laundry. The facility census was 102.Findings include:A review of the facility's policy titled, Infection Control-Housekeeping Services, reviewed 7/17/2025 revealed that, It is the policy of this facility to ensure housekeeping services will be performed on a routine and consistent basis to ensure an orderly, sanitary, and comfortable environment.During a tour of the laundry services on 9/17/2025 at 9:08 am revealed a covered bin designated for clean laundry was observed with garbage, dirt particles and soiled linen in it. The cover was observed with a liquid substance and dirt particles. The inside of the bin contained used tissue, garbage and a soiled blanket at the bottom. A shelf in the clean laundry room was observed containing folded sheets and blankets uncovered and unbagged.Interview on 9/17/2025 at 9:08 am with the laundry attendants CC and DD confirmed that the linen on the shelf should have been covered. Laundry attendants stated that the blankets have always been kept that way. CC stated that there two bins available for transporting the clean linen from the dryers to the folding area and that the bin present in the room was one of the two. She also confirmed that she was about to use the bin to remove the linen she had just dried to transport then to the folding table. CC also stated that she puts the linen on the cover instead of in the bin when transporting without it being covered. Both laundry attendants admitted that they received in-service on infection control in the laundry department but were unable to state when.Interview with the Housekeeping Supervisor on 9/17/2024 at 9:15 am there were two laundry attendants on the day shift and one at night, seven days per week. She stated that in-services were given by the Corporate Compliance Coordinator (CCC) and herself and that the staff received infection control teachings this year. The Housekeeping Supervisor confirmed that the bin observed with garbage was for clean laundry and stated that she would have the staff clean the bin and wipe it down before the next use. She also stated that she would have the sheets and blankets observed uncovered on the shelf in the dryer room covered immediately. The Housekeeping Supervisor stated that the staff was aware that the bin should be cleaned daily and that all trash should be removed from the bin. She stated that the covers of the bins should also be cleaned daily and that the bin would be cleaned immediately. Interview on 9/17/2025 at 2:50 pm with the Infection Preventionist (IP) revealed that all laundry attendants had been in-serviced on IP (infection prevention) regarding laundry services and infection prevention this year and provided documentation.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of the facility policy titled, Prevention of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, the facility failed to protect the resident's right to be free from physical abuse by other residents for one of five residents (R) (R 113) reviewed for abuse. The deficient practice had the potential to place residents at continued risk of abuse.Findings include:Review of the facility's policy titled Prevention of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property review date 11/15/2024 revealed under Policy Statement: It is the policy of ?name of facility' and its affiliated entities (collectively, the Organization) to actively preserve each patient's right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, exploitation, mistreatment, and misappropriation of patient property, (referred to collectively in this policy as abuse, neglect, mistreatment, and exploitation). The Organization and its partners should assure that best efforts are made to prevent any occurrences of any form of abuse, neglect, and exploitation. Under Definitions: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Abuse also included deprivation by an individual, employee, care giver of goods and services that are necessary to maintain the physical, mental, and psychosocial wellbeing.Review of R113's Face Sheet in the electronic medical record (EMR) revealed R113 was admitted with diagnoses of major depressive disorder, restlessness and agitation, cognitive communication deficit, dysphagia following cerebral infarction, altered mental status, and other symptoms and signs involving cognitive functions following cerebral infarction.Review of the admission Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 8/31/2024 indicated R113 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R113 was cognitively intact.Review of the Care Plan located under the Care Plan tab of the EMR, revealed R113 had presence of behavioral symptoms. He frequently refuses medications, and skin observations. 12-26-24 poured water on roommate.Review of the Progress Note, dated 9/23/2024 at 12:42 pm, and located in the EMR under the Resident Progress Notes tab, revealed: Call to room [ROOM NUMBER], noted R113, bleeding from the left side of the eyelid, so this is an altercation between roommates. R113 unplug [sic] the TV while his roommate was watching it. His roommate plug [sic] the TV back then R113 starting cursing his roommate, calling him curse' words, that he liked controlling things around here. The roommate said that R113 swung his arm on him, then he grab [sic] his cane and hit R113. R113 stated that his roommate hit him on his left eyelid and multiple times on the left shoulder. Vital sign taken, 108/80,20, 84, 97.2 02 sat (oxygen saturation) 96% (percent) in room air. Assessment performed, laceration noted with bleeding on the left eyelid, bleeding noted on left lower chin that looks like old wound. Resident reading glasses broken. The area cleanse [sic] with normal saline and protective dressing applied, and wrap round [sic] his head to stop the bleeding. NP (Nurse Practitioner) notified, noted to sent [sic] to hospital for evaluation.Review of the facility's reported investigation and provided by the facility indicated that Police were called on 9/23/2024 and arrived at facility on 9/24/2024 to interview both parties. (Police Report #2422681301). Neither RP (responsible party) nor resident wanted to press charges. R113 has been moved to a different room per his request. The center has substantiated the alleged claim of resident-to-resident abuse due to resident and witness statements.Review of the Progress Note, dated 12/26/2024 at 6:35 am, and located in the EMR under the Resident Progress Notes tab, revealed: resident (R113) reported to staff that his roommate hit him with a cane and as a result he sustained a cut to his lower left eye with small amount of blood. Wound care provided. NP and his family were made aware by the facility DHS (Director of Health Services). NP ordered to send him (R113) to ER (Emergency Room) for evaluations. He (R113) refused complete (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	body skin assessment and V/S (vital signs).Review of Physician Discharge Summary from 1/2/2025 revealed hospital course by problem: assault by roommate and left eye laceration.Review of the facility's reported investigation and provided by the facility, indicated that police did not make an arrest due to the residents' diagnosis and decided the facility could keep both residents apart and safe. The police did stay in the facility until R113 was escorted out by the EMTs (emergency medical technicians). Resident to Resident abuse was substantiated. During an interview on 9/18/2025 at 3:45 pm, the Administrator stated that R113 was moved to a different room, and his care plan was updated after the 12/26/2024 incident.Interview with Social Services Director (SSD) on 9/18/2025 at 4:10 pm confirmed that R113's behavior was discussed with his family, but resident never received behavioral services.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility policy titled, Behavior Management, the facility failed to refer one of 21 residents (R) (R31) reviewed for Preadmission Screening and Resident Review (PASRR) for evaluation by the appropriate State-designated authority. This deficient practice has the potential to place R31 at risk of not receiving necessary care and services. Findings include:Review of the facility policy titled Behavioral Management revised 12/17/2024 revealed under the Policy Statement, all patients/residents who display risk behaviors or have the potential for risk behaviors will be evaluated for the Behavior Management Program. Any behavior which impairs the patient/resident's ability to function or interferes with their quality of life or the quality of life of others will be evaluated. A plan of care will be implemented based on the evaluation to prevent, reduce and/or eliminate behaviors. Under Scope: This policy applies to all healthcare center partners. The Behavior Management Program is facilitated by the Social Services Director or designee. Under Determining Placement of Patient/Residents on Behavior Management Program: 1.Patients/residents will be assessed upon admission, readmission, or when there is a change in existing behavior. The 72 Hour Behavior Observation, and the Behavioral Symptom Screening Form are utilized to complete the assessment electronically.Review of the electronic medical record (EMR) for R31 revealed diagnoses that included, but were not limited to, disorganized schizophrenia, other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations, depression, and post-traumatic stress disorder (PTSD).Review of the admission Minimum Data Set (MDS) assessment for R31, dated 7/5/2025, revealed in Section A (Identification Information), the resident was not considered by the State Level II PASRR process to have a serious mental illness and/or intellectual disability or related condition. A- No Level II Preadmission Screening and Resident Review (PASRR) Conditions, I-Active Diagnoses, N-Medications-Antipsychotic, Antipsychotic. Section O (Special Treatments, Procedures, and Programs) documents that the residents did not receive psychological therapy.Review of the Physician's Orders for R31 revealed an order dated 9/4/2025 for Psych (psychological) Consult (consultation) r/t (related to) aggressive/argumentative behavior and refusal of all Psych Meds (medications). An order on 7/1/2025 for divalproex-Central Nervous System Agents | Anticonvulsants | Gaba-Mediated Anticonvulsants-500 mg (milligrams).Review of nurses notes on 9/4/2025 at 11:25 am revealed R31 has disruptive behavior frequently. He starts verbally abusive arguments with staff and other residents. He is non-compliant with redirection and teaching; he will start abusive arguments with the Nurse. R31 refuses all Psych medication and Fe (iron) 325 for anemias. He is prescribed Olanzapine and Depakote as Psych medication (related DX (diagnosis)-Schizophrenia.An observation on 9/16/2025 at 3:00 pm revealed R31 having an outburst (yelling and screaming) in the hallway due to him not being invited to the resident council meeting. An Interview on 9/16/2025 at 3:15 pm with Social Services Director (SSD) confirmed that R31's safety and discharge procedures were being reviewed. The SSD stated she conducted an audit when she first began working in October of last year. R31was listed as Level I, but based on his diagnosis, he should have been classified as Level II. The hospital was expected to coordinate with the admissions team prior to his entry into the facility, as the diagnosis was already known at the time of admission. She stated that a referral to psychiatric service name will be submitted, along with a PASSR Level II. R31 should have entered the facility with a Level II classification. She stated PTSD was officially diagnosed on [DATE]. The SSD confirmed R31 did have an outburst in the hallway resulting in him throwing his popcorn and she did meet with him to defuse the situation. An Interview on 9/18/2025 at 10:37 am with the Admissions Director (AD) revealed that her role included speaking with the family and resident after discharge from the hospital and admission into the facility, ensuring that they have a PASSAR Level I. The AD stated it was the social worker's responsibility to follow up with the (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident within 72 hours regarding a PASSAR Level II. She confirmed the resident should have a PASSAR Level II.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled, Occurrences, the facility failed to ensure hazardous chemicals were safely secured for one of four residents (R) (R49) reviewed for accidents. This deficient practice placed residents at risk for avoidable chemical incidents, injuries, and a diminished quality of life.Findings include:Review of the facility's policy titled Occurrences revised 1/11/2024 revealed under the Policy Statement: The healthcare center recognizes that due to the frailty of the patients/residents served, there is an increased risk of occurrences that may result in injury to the patient/resident and/or others. To prevent occurrences, each patient/resident will be observed and assessed for risks. Under Definitions: Occurrence hazards are physical features in the healthcare center environment which may pose a risk to a patient/resident's safety. Review of R49's Face Sheet in the electronic medical record (EMR) revealed diagnoses that include but not limited to attention deficit hyperactivity disorder, and dementia. Review of R49's Quarterly Minimum Data Set (MDS) dated [DATE] revealed in Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) score of 14, which indicated little to no cognitive impairment.Review of R49's care plan dated 9/5/2025 revealed a care plan problem: R49 hoards different items in her room (silverware, plates, other resident personal items, condiments, straws, etc.) Approach: to instruct R49 to refrain from hoarding food items for health safety reasons. Reassure that supplies will be available as needed. Remove excess items with resident involvement. Review of the Safety Data Sheet for [Name] Hydrogen Peroxide 3 Percent (%) revealed the following: Number two Hazard Identification: Classification This chemical is considered hazardous by the 2012 OSHA (Occupational Safety and Health Administration) Hazard Communication Standard (29 CFR1910.1200) Hazard Statements Causes skin irritation and causes serious eye damage. Observations on 9/15/2025 at 1:20 pm and 4:20 pm in R49's room revealed one bottle of [Name] 30-ounce 3% Hydrogen Peroxide stored on top of personal refrigerator within easy reach of R49 and potentially others. R49 was on a leave of absence during both observations. On 9/16/2025 at 8:50 am in R49's room revealed one bottle of [Name] 30-ounce 3% Hydrogen Peroxide stored on top of personal refrigerator within easy reach of R49 and potentially others. Interview on 9/16/2025 at 8:50 am with R49 revealed the hydrogen peroxide was her daughter's and was left on Saturday. R49 stated wandering residents do enter her room at times.Interview on 9/16/2025 at 8:55 am with Certified Nurse Aide (CNA) AA confirmed the hydrogen peroxide should not be stored in the resident's room. Observations on 9/17/2025 at 2:05 pm in R49's room revealed one pair of scissors and one uncapped safety razor stored within reach of R49 and potentially others. Interview on 9/17/2025 at 2:05 pm with R49 revealed she understood scissors and uncapped safety razor left out was a safety concern for other residents. R49 stated she did not have a lock box to store the scissors or razor in a safe manner. Interview on 9/17/2025 at 2:08 pm with Licensed Practical Nurse (LPN) BB revealed that residents should not store scissors or uncapped safety razors at the bedside. Interview on 9/18/2025 at 10:10 am with Director of Health Services (DHS) revealed there should be no chemicals stored in resident rooms for their safety. Her expectation was staff should immediately remove them without violating resident rights. Staff should talk with the resident and call the family for any item that were confiscated for pick-up and explain the policy. The DHS stated her expectation was rooms should be observed during hourly rounding. The DHS confirmed hydrogen peroxide, scissors and uncapped safety razors were all safety risks that should not be out in resident rooms. Interview on 9/18/2025 at 10:20 am with the Administrator revealed hydrogen peroxide, scissors and uncapped safety razors all posed safety risk if located in resident rooms. She stated anything unsafe should be removed immediately.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident, resident representative and staff interviews, record review and review of the facility's policy titled, Patient/ Resident Choice Meals, the facility failed to provide a therapeutic diet that took into account the resident's clinical condition, and preferences with an equally nutritious meal for one vegetarian resident (R) (R48). The deficient practice resulted in the fluctuation of R48s weight and poor appetite.Findings include:A review of the facility's policy titled Patient/ Resident Choice Meals revised 8/3/2017, under topic Procedure, revealed that, The Dietary Manager or Dietitian will guide the patients/ residents to plan a nutritionally adequate meal. The Dietary Manager or Dietitian will request any necessary food or beverage items needed for the patient/ resident choice meal from (facility) Contracting Department and the VP (Vice President) of Nutrition & Dietary Services if the food or beverage items are not available on their order guide.A review of the admission records for R48 revealed diagnoses of but not limited to atherosclerosis of coronary artery bypass graft(s), with unspecified angina pectoris, unspecified atrial fibrillation, chronic systolic (congestive) heart failure, unspecified protein-calorie malnutrition, vascular dementia, muscle weakness (generalized), other symptoms and signs concerning food and fluid intake.A review of R48's quarterly MDS dated [DATE] revealed a BIMS score of 7, indicating severe cognitive decline.A review of R48's care plan revealed a problem area stating, Preferences Food preferences (Vegetarian diet) Other Preferences with goal(s) of, preferences will be reviewed quarterly and as necessary. And indicated interventions including, preferences will be known to staff, preferences will be discussed quarterly and as necessary, preferences will be honored through the next review. Another problem area stated, is at risk for malnutrition R/T missing and broken teeth, with goal(s) of, Weight will be maintained within acceptable parameters. Interventions included, Keep physician and significant other/designated family member informed of any weight loss, consult with Registered Dietitian (R/D) and follow recommendations, increase caloric intake if indicated, monitor and record percentage of food intake and monitor for weight loss. Additional problem area revealed that R48 is at risk for nutritional decline secondary to being on a vegetarian diet, per her request. The goal(s) included, weight will remain stable through review period. Interventions included, RD consult as needed (PRN), weigh per facility protocol and provide diet per orders.A review of the Physician Orders for R48 included ensure clear 1 carton 237 ml (milliliters) PO (orally) 4x (times) daily (QID) (four time a day) start date 3/12/2025. Regular vegetarian diet, no meat. Eliquis (apixaban) tablet; 2.5 mg; amt: 1; twice a day. Farxiga (dapagliflozin propanediol) tablet; 10 mg; amt: 1; oral once a day. Melatonin tablet; 3 mg; 2; at bedtime.Initial observation on 9/16/2025 at 12:39 pm revealed resident sitting in the dining room having lunch. R48 meal ticked revealed Italian marinated pork loin, brussels sprouts, stuffing and dinner roll. R48 plate revealed a grilled cheese sandwich, green beans and brussels sprouts.Second observation on 9/17/2025 at 12:52 pm revealed R48 having lunch in the dining room with a meal ticket indicating beef tips and mushrooms in [NAME] sauce, green peas, parslied rice and dinner roll. R48's plate consisted of pasta salad, parslied rice and a dinner roll.Third observation on 9/18/2025 at 12:28 pm revealed R48 meal ticket indicating chicken alfredo fettuccine, buttered broccoli and garlic bread. R48 plate reflected black bean quesadilla, tomato soup and broccoli.A review of the menu for week two revealed that R48 has daily vegetarian meals scheduled which included an entree, starch and vegetables. A review of R48 weight logs revealed a weight loss of three pounds (lbs) in May 2025 where she went from 112 lbs (pounds) to 109.4 lbs and another loss of three pounds in June 2025 ending weight of 106 lbs. R48 gained 0.7 lbs in July 2025, but lost 1 lb in August 2025.Interview on 9/18/2025 at 10:19 am with the Social Worker (SW) revealed that she completed the referral for psychological services for R5 due to difficulty adjusting to staff and surroundings. The SW stated that consults (consultations) were posted in R5's records and MDS reviews for changes and new orders in order to develop the care plan. She admitted to having (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	knowledge of the psychiatrist's visit and follow up but denied being aware of the medication ordered and the new diagnosis. Interview on 8/18/2025 at 10:40 am with the MDS Coordinators EE AND FF who stated that they attended the morning meetings where resident changes and new medications were discussed. MDS Coordinator FF admitted that psych consults and medications were discussed as well. The MDS coordinators both confirmed that no care plan was developed for R48's new diagnosis of Depression nor the new medication Sertraline that was started on 6/16/2025. MDS Coordinator EE confirmed the change was documented in the quarterly MDS but stated, I think we missed it. Interview on 9/18/2025 at 10:49 am with the Registered Dietician (RD) revealed that she was aware that R48 was a vegetarian and stated that a vegetarian diet was created for her that met her needs and was equivalent in nutritional value if the menu was followed. The RD stated that R48 was also on a supplement that was increased in the month of February 2025, and again in March 2025, due to excessive weight loss. The RD denied being aware of R48's weight loss in May 2025, due to it not triggering for an excessive weight loss. She denied any intervention from dietary. The RD confirmed that R48's actual meal did not match her meal ticket and upon observation of the menu confirmed that the actual meal did not match either the menu or the ticket. The RD stated that the Administrator ordered the supplies for the menu since the facility did not have a dietary manager for a while. She stated that she was unsure of who informed the Administrator of what to order and added that it was a system glitch that caused the menu to not match the meal ticket.Interview on 9/18/2025 at 3:21 pm with the Administrator revealed she had been assuming the role of dietary manager due to not having one since July 2025. The Administrator confirmed ordering kitchen supplies, food products and meals for the residents. She stated that, I follow our menus, but I do rely on the cooks because they basically know the menus and what's needed in the kitchen. I look at the meal tickets and resident's preferences and add to the order list. The Administrator admitted to not being aware that there was a vegetarian menu specially made for R48 and stated that she was only made aware today, 9/18/2025 by the RD. The Administrator stated, I was not following a vegetarian diet; I was just removing the meat from the regular menu as I was not aware that there is a vegetarian menu. The Administrator stated that she was not aware that there was a shopping list which was used to place orders. She stated that she recently hired a new dietary manager who had been made aware of the shopping list and would be ordering according to the proper practices moving forward.Interview and observation on 9/15/2025 at 7:03 pm with R48 and their son in R48's room. R48's son revealed that R48 was vegetarian and that the meals she had been receiving were not equivalent to a supplemental or nutritious meal. He stated that his family was told that the facility could accommodate her diet but revealed pictures of poorly combined vegetables and starch. R48's son stated that most days R48 barely ate and complained of nausea after eating. He denied having a meeting with the facility to go over her likes and preferences and stated that the only meeting he remembered having was on admission and since then things had drastically gone downhill.