STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115547	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Seaside	1000 Dorset Road Port Wentworth, GA 31407

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interview, and review of the facility's policy titled Labeling, Dating, and Storage, the facility failed to follow the proper procedures for labeling, dating, and storage to ensure proper food safety and to prevent foodborne illness. In addition, the facility failed to ensure the cleaning of appliances (stoves, ovens, fryers), countertops, food preparation areas, and the floor in the kitchen area. The deficient practice had the potential to affect 76 out of 79 residents receiving an oral diet from the kitchen.Findings include:Review of the facility policy titled, Labeling, Dating, and Storage dated 11/11/2022 under the Policy Statement: revealed, It is the policy of (Name of Organization) for all partners who assist in handling, preparing, serving and storing food and beverage items to follow the proper procedures for labeling, dating, and storage to ensure proper food safety. Under, Procedure: 1. Food and beverage items will have an identifying label as well as received date and opened date, as applicable; for items prepared onsite, a ?use by' date will also be indicated. 2. Foods will be stored in their original or approved container and, if opened, shall be wrapped tightly with film, foil, etc. 3. Bulk food dispensing utensils (scoops) shall be stored: (a): in a clean, protected location if the scoops are used only with a food that is not a time/temperature controlled for safety food. 4. Food and beverage items will be discarded according to guidance from a government agency such as the USDA and FDA; an example of approved guidance is attached to this policy.Observation during a tour of the kitchen on 9/3/2025 at 8:45 am with the Dietary Manager (DM) revealed the following:-In the walk-in pantry, there were containers of dried onions that had not been labeled.-In the walk-in freezer in the kitchen there were bags of cheese opened and not labeled, milk that had been expired and dated 4/8/2025, storage of employee's personal food and drink items.-In the sink, there was a bag of chicken sitting in water. -The oven had a buildup of dark, thick, greasy substances that coated the outside walls and oven doors. -The fryer was coated with the buildup of a dark brown greasy substance.The findings were confirmed by the DM at the time the observations were made. Interview on 9/3/2025 at 8:45 am with the DM revealed that they clean the kitchen weekly, daily, and monthly. And that he tries to come in on the weekends to do a deep cleaning of the kitchen. The DM revealed that he had asked the administration about replacing the stove. The DM stated that the whole kitchen needed to be renovated. The DM acknowledge that if things were not kept clean in the kitchen it could lead to food born illness, cross contamination, and all of the health issues for the residents. The DM revealed that he would educate his staff to make sure that things were done better in the kitchen.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations, staff interviews, and review of the facility's policy titled, Medication Storage in Healthcare Centers, the facility failed to ensure an expired bag of intravenous solutions was not stored in one of two medication rooms (located between 200-hall and 300-hall), failed to ensure for two of four medication carts (100-hall and 400-hall) did not have expired compounding cream and glucose gel, one loose pill, unboxed and illegible labels for respiratory inhalation solution vials. In addition, the facility failed to ensure that the treatment cart was not left unlocked and expired sterile supplies were removed for one of one treatment carts. This deficient practice has the potential to place residents at risk of receiving outdated medications and supplies.Findings include:Review of policy titled, Medication Storage in Healthcare Centers dated 11/1/2024 under the section titled, Policy Statement revealed, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel and pharmacy personnel. Under section titled Procedure: revealed, .2. Medication rooms, carts, and medication supplies are locked or attended by people with authorized access. 3. Nurses are required to check all medications for deterioration and expiration before administration and inspect medication storage areas and carts.Review of medication expiration dates reference sheet revealed that albuterol nebs and ipratropium nebs must remain in foil and outside of the foil expires in seven days.An observation and interview on 9/3/2025 at 9:33 am of the 100-hall medication cart revealed hydrocortisone 1% (percent)/nystatin/zinc oxide/lidocaine 2% compound cream that expired on 8/26/2025 and one loose pill in the bottom of the small top drawer of the medication cart. Further observation revealed, a box of ipratropium bromide 0.5 milligram (mg) with albuterol sulfate 3mg (respiratory inhalation solution) with an illegible label. In addition to illegible labels, there were inhalation vials that were unboxed and outside of foil packet. Interview conducted during this time with Registered Nurse (RN) FF confirmed that the compound cream was expired and that there was one loose pill in the bottom of the drawer. RN FF acknowledged that there should not be any loose pills on the medication cart. Further interview with RN FF revealed that she was unsure how long the inhalation vials were good for that was found outside of the foil packet and confirmed that the label was illegible.An observation and interview on 9/3/2025 at 10:27 am revealed sterile heel foam and sterile gauzes that was expired on the treatment cart that was left unsecured and unlocked. An interview with Wound Care Nurse confirmed that she left the treatment cart unlocked and unattended. She also confirmed that the gauze and heel foam was expired.An observation and interview on 9/3/2025 at 11:00 am on 400 hall revealed that the medication cart had diabetic oral glucose gel that expired on 5/31/2025. An interview with Licensed Practical Nurse (LPN) EE confirmed that the oral glucose gel was expired. An observation and interview on 9/3/2025 at 12:45 pm revealed that medication room located between 200-hall and 300-hall had one bag of dextrose 5% with 0.9% Sodium Chloride intravenous (IV) solution that expired on 6/2025. Interview with the Director of Health Services (DHS) confirmed that the IV solution was expired. She revealed that anything expired should be removed from the medication cart, medication room or treatment cart. She further revealed that nurses should check weekly for back stock and remove any expired items.An interview on 9/4/2025 at 12:44 pm with the Pharmacy Consultant revealed that on 9/2/2025 he was in the facility checking the four medication carts, two treatment carts, and two storage rooms. He revealed he was looking for expired medications and does not look for expired supplies. He verified that sterile items have expiration dates and that all items should have legible labels. He revealed that he did not recall any loose pills on the cart but confirmed there should not be any loose pills on the medication cart.An interview on 9/4/2025 at 12:12 pm with the Administrator revealed that the expectation was that the treatment and medication carts are kept locked when not in use.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility's policy titled Advance Directives: Georgia the facility failed to ensure that the physicians orders was consistent with the Physician Order for Life-Sustaining Treatment (POLST) for one of 44 sampled residents (R) (R11) with an advance directive code status of Do Not Resuscitate (DNR). This deficient practice had the potential for the resident to receive an attempt of resuscitation from staff in the event of cardiopulmonary arrest. Findings include:Review of the facility policy titled Advance Directives: Georgia, dated [DATE], under the Policy statement revealed, The healthcare center recognizes the right of patients/ residents to control decisions related to their medical care. Advance Directives executed in accordance with state law will be honored by the healthcare center.Review of the electronic medical record for R11 revealed that she was admitted with diagnoses that included but was not limited to unspecified sequelae, depression, and generalized anxiety disorder.Review of the physician orders for R11 revealed, a code status of Full Code with a start date of [DATE] and end date of [DATE] (after discovery).Review of the care plan with problem start date of [DATE] for R11 revealed that she was a DNR with full treatment. The goal was noted that if her heart stops or if she stops breathing, then cardiopulmonary resuscitation (CPR) will not be initiated in honor of the DNR wishes.Review of the Physician Order for Life-Sustaining Treatment (POLST) for R11 dated [DATE] revealed, two physician signatures and an authorized person (resident's representative) signature that indicated R11's current medical condition and preference included but not limited to: Allow Natural Death and DNR in the event of cardiopulmonary arrest.Review of the meeting notes from the admission care plan conference on [DATE] revealed that DNR was chosen by the resident and a POLST form has been placed on file.An interview on [DATE] at 12:49 pm with Director of Health Services (DHS) revealed that staff were trained to follow the banner. She then stated that code status order was supposed to be updated to match the banner. She concluded that order and the banner were updated at the same time, and it was up to the unit manager to make that adjustment. She confirmed that the banner indicated R11 was a DNR and the order was Full code.An interview on [DATE] at 12:57 pm with Unit Manager (UM) BB revealed that he was responsible for updating code status after receiving and verifying the signed POLST. He then stated that if the resident was in cardiac arrest, the nurse would go by the banner and the POLST. He stated that Hospice must have sent the signed POLST late, and the order was not changed to reflect the DNR.

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F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **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, Care Plans, the facility failed to implement the care plan for one of 44 sampled residents (R) (R48). The deficient practice had the potential to place the resident at risk for falls and injury.Findings include:A review of facility's policy titled Care Plans, dated 7/27/2023 under the admission Comprehensive Plan of Care section revealed, 3.The comprehensive care plan should describe the following-The services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.A record review of the Quarterly Minimum Data Set (MDS) dated [DATE] for R48 revealed that section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 10 (indicating moderate impairment); Section GG (Functional Abilities and Goals) revealed that resident was dependent for transfers.Review of care plans dated 1/5/2025 for R48 revealed, a focus area that indicated R48 was at risk for falls related to a history of falls at home and on current antidepressant for poor appetite. Interventions included but limited to assist for toileting and transfer as needed with two to three staff for transfer via (by way of) mechanical lift.During an observation conducted on 9/4/2025 at 9:36 am revealed, R48 suspended in the air via a mechanical lift in the doorway of her room with Certified Nursing Assistant (CNA) DD attempting to transfer R48 to the shower bed that was located in front of the door. Further observation revealed, no other staff in the room with CNA DD during the transfer. Upon the discovery made by the surveyor, CNA DD then proceeded to ask the Medical Records Director for assistance with the transfer.An interview on 9/4/2025 at 4:00 pm with the Director of Health Services (DHS) revealed that the expectation was that staff follow the care plan and that the care plan should be updated in real time.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record review, review of the manufacturer instructions, and review of facility's policies titled, Medication Administration: Insulin injections, and Handling and/or Disposing of used Needles, the facility failed to prime a semaglutide injection pen (used to manage diabetes) and failed to dispose of the needle safely for one of six sampled residents (R) (R86) observed during medication administration. This deficient practice had the potential to place the resident at risk for medical complications and safety hazards.Findings include:Review of the facility's policy titled, Medication Administration: Insulin Injections, dated 7/28/2025 under the Policy Statement revealed, It is the policy of (Name of Organization) that the procedures outlined in this policy must be followed to aid oxidation and utilization of blood sugar by the tissues and to control the blood sugar levels in residents/patients with diabetes mellitus through the correct administration of insulin.Review of the facility's policy titled, Handling and/or Disposing of used Needles dated 10/17/2023 under the Purpose statement revealed, It is the policy of the (Name of Pharmacy Services) to provide guidelines for the handling and disposal of used needles. All used needles will be handled and disposed of in a safe manner by following the guidelines, to ensure the safety of the partner and patient/resident.Review of the (Brand Name) semaglutide injection manufacturer's instructions on page 11 revealed, Step 2. First Time Use for Each New Pen: Check (brand name) flow, before the first injection with each new pen only.Always make sure that a drop appears at the needle tip before you use a new pen for the first time. On page 12 revealed, Step 5. After your injection, Carefully remove the needle from the pen. Place the needle in sharps disposal container right away to reduce the risk of needle sticks.Review of the Quarterly Minimum Data Set (MDS) dated [DATE] for R86 under Section I (Active Diagnosis) revealed diagnoses that included, but not limited to, type 2 diabetes mellitus with hyperglycemia, chronic kidney disease type 2, hemiplegia and hemiparesis following a cerebral infarction.Review of the care plan dated 9/2/2025 revealed a focus area that indicated R86 was at risk for hyper/hypoglycemia related to diabetes mellitus with a goal to maintain his blood sugar over the next three months. Interventions included to administer medications as ordered, check blood sugar before meals and at bedtime, monitoring signs and symptoms of hyper or hypo glycemia and notifying the medical provider of abnormal results.An observation and interview on 9/3/2025 at 9:12am with Registered Nurse (RN) FF revealed that RN FF obtained a new semaglutide injection pen but turned the dial to the ordered dosage of medication without priming the pen and before administering the medication to R86. After administration was completed, RN FF proceeded to walk from room [ROOM NUMBER]-B with the exposed used needle pointed outward across the main hall to the 100-hall medication cart that was parked at the nursing station before disposing of the needle in a sharps container. During the interview with RN FF, she admitted that she did not prime the semaglutide injection pen. RN FF revealed that she forgot to prime the insulin injection pen and stated that it should be primmed every time. RN FF also admitted that she walked down the hall with an exposed used needle. She revealed that the policy was to pull the cart near the door and then throw the needle away in the sharps container. An interview on 9/4/2025 at 10:27 am with Infection Preventionist (IP)/Clinical Competency Coordinator revealed that staff was educated on insulin administration upon hire, annually, and during the year through computer education. She confirmed that insulin pens required priming. She revealed needles were to be disposed of in the sharps disposal container and that the medication cart should be at the doorway of the room so that the sharps container would be nearby.An interview on 9/4/2025 at 11:40 am with Director of Health Services (DHS) revealed that staff were expected to follow insulin policy and physician orders. She confirmed that insulin pens required priming and that this education was provided to nurses. She stated that the expectation was that directly after leaving a resident's room, the medication cart should be at the doorway and they should dispose of the needle in the sharps container. The DHS acknowledged that walking down the hallway with an exposed needle was dangerous.

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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 a review of the facility procedure titled, Transferring a Resident Using a Mechanical Lift, the facility failed to ensure the safety of one of six sampled resident (R) (R48) during a transfer using the mechanical lift. The deficient practice had the potential to place residents that require a mechanical lift with transfers at risk for safety. Findings include:A review of the procedure guide revealed that on page two that the mechanical lift is a two-person device. One caregiver should not use the mechanical lift alone.A record review of the Quarterly Minimum Data Set (MDS) dated [DATE] for R48 revealed that section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 10 (indicating moderate impairment); Section GG (Functional Abilities and Goals) revealed that resident was dependent for transfers.Review of care plans dated 1/5/2025 for R48 revealed, a focus area that indicated R48 was at risk for falls related to a history of falls at home and on current antidepressant for poor appetite. Interventions included but limited to assist for toileting and transfer as needed with two to three staff for transfer via (by way of) mechanical lift.During an observation conducted on 9/4/2025 at 9:36 am revealed, R48 suspended in the air via a mechanical lift in the doorway of her room with Certified Nursing Assistant (CNA) DD attempting to transfer R48 to the shower bed that was located in front of the door. Further observation revealed, no other staff in the room with CNA DD during the transfer. Upon the discovery made by the surveyor, CNA DD then proceeded to ask the Medical Records Director for assistance with the transfer.An interview on 9/4/2025 at 9:41 am with Medical Record Director revealed that the CNA DD called her over for assistance. She admitted that she was three rooms down the hall from R48's room passing out supplies. She confirmed when transferring a resident using the mechanical lift, that it should be with two persons assisting and that the second person should be there the entire time the resident was on the mechanical lift. She revealed she only saw the nurse in the room passing medications to R48's roommate.An interview on 9/4/2025 at 9:44 am with Licensed Practical Nurse (LPN) AA revealed that she was in R48's room administering medication to her roommate. LPN AA revealed that she was only in the room administering medications and she did not assist CNA DD with using the mechanical lift. LPN AA revealed that she observed rolling R48 on the lift pad before leaving the room and confirmed that the CNA should have had another person assisting her when transferring a resident using a mechanical lift.An interview on 9/4/2025 at 10:22 am with CNA DD revealed that the nurse left the room after administering medications and confirmed that she was by herself transferring the R48. She verified that she called the Medical Record Director over to help with the transferring the resident over the doorway threshold. She confirmed that two people should assist with the transfer the entire time when using a mechanical lift.An interview on 9/4/2025 at 10:27 am with Infection Prevention Nurse/Clinical Competency Coordinator revealed that two people are required the entire time a resident is being transferred using a mechanical lift. She revealed that CNAs and nurses received training on mechanical lifts transfer at hire, annual skills fair, and through computer education.An interview on 9/4/2025 at 12:12 pm with Director of Health Services (DHS) revealed that expectation was for two people and no less than two people to transfer a resident using a mechanical lift. The DHS revealed that staff should be monitoring and assisting the resident while the resident was on the mechanical lift at all times.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interviews, and review of the facility's policy titled, Oxygen Administration, the facility failed to follow physician orders for one of one residents (R) (R47) reviewed for oxygen therapy.Findings include:Review of the facility's policy titled Oxygen Administration dated 8/2/2023 under the Procedure section revealed, Oxygen will be administered by licensed personnel only when ordered by the physician, PA or NP. The physician order may be written PRN for comfort/dyspnea or may specify the number of liters, method of administration and length of time the oxygen is to be administered. Oxygen ordered PRN for comfort/dyspnea will be based upon the physician/licensed nurse assessment of the patient/resident's condition including oxygen saturation levels, respiratory rate, effort used by patient/resident to breath, shortness of breath presents, and respiratory distress. Use of oxygen will be based in the patient/resident's clinical condition, comfort level, and the patient/resident/family desire for oxygen therapy. Patient/residents/families have the right to refuse to use oxygen.Review of the clinical record for R47 revealed the resident was admitted to the facility with diagnoses of but not limited to acute and chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease.Review of most recent Annual Minimum Data Set (MDS) dated [DATE] for R47 revealed, Section C (Cognitive Pattern) a Brief Interview for Mental Status (BIMS) score of 14, which indicated little to no cognitive impairment; Section O (Special Treatments, Procedures, Programs) revealed the resident required oxygen therapy. Review of the physician orders revealed an order for oxygen at 4 liters per minute (LPM) per nasal cannula at 9 pm with a start date of 1/17/2022.Observation on 9/2/2025 at 2:15 pm revealed that R47 was receiving oxygen at 3.5 LPM per nasal cannula.Observation on 9/2/2025 at 4:30 pm revealed that R47 was receiving oxygen at 3.5 LPM per nasal cannula.Observation on 9/3/2025 at 11:15 am revealed that R47 was receiving oxygen at 3.5 LPM per nasal cannula.During an observation and interview on 9/3/2025 at 11:15 pm with the Director of Nursing (DON) confirmed R47's oxygen was set on 3.5 LPM but should have been set on 4 LPM after checking R47's medical record. The DON revealed that all nurses should follow the orders and that oxygen levels should be checked several times a day to ensure that the residents were receiving the correct amount of oxygen. The DON revealed that the CNAs do not change the oxygen levels and if they see a resident who uses oxygen struggling, that they were instructed to let the nurse know.