STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115562	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Holly Hill, LLC	413 Pendleton Place Valdosta, GA 31602

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 0689 Level of Harm - Immediate jeopardy to resident health or safety 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, record review, interviews, and facility policy review, the facility failed to protect residents from smoking related accident hazards for two of four residents reviewed for smoking (Residents (R) 86 and R38) out of 24 sampled residents. The facility failed to accurately complete smoking assessments, had inadequate supervision during smoking, failed to secure the residents' smoking materials, allowed residents to smoke in proximity to others with portable oxygen tanks, and failed to enforce its smoking policy. These failures had the potential to cause accidents/hazards during smoking times that could result in bodily injury to those smoking and those near the smoking area. The facility's failure to maintain a safe environment by staff allowing residents to smoke near residents with portable oxygen tanks caused or was likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 02/26/26 and was determined to exist on 02/23/26, for 483.25 Free of Accident Hazards/Supervision/Devices at a Scope and Severity (S/S) of a J. The Administrator and Director of Nursing (DON) were notified of the Immediate Jeopardy on 02/26/26 at 5:45 PM. The facility was notified that an acceptable plan of removal (POR) had been accepted on 02/27/26 at 11:22 AM. The survey team validated the full implementation of the facility's POR, and the Administrator was notified on 02/27/26 at 1:10 PM that the immediacy had been removed. The deficient practice remained at a scope and severity (S/S) of D (isolated No Actual Harm with Potential for More than Minimal Harm).Substandard Quality of Care was identified with the requirements at 42 CFR 483.25(i) Free of Accident Hazards/Supervision/Devices (F689 S/S: J).Findings include: 1. Review of R86's Face sheet, located in the electronic medical record (EMR) under the Resident tab, revealed R86 admitted to the facility on [DATE] with multiple diagnoses to include chronic respiratory failure, chronic obstructive pulmonary disease (COPD), and nicotine dependence, cigarettes. Review of R86's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/25/26, located under the Resident Assessment Instrument (RAI) tab in the EMR revealed R86 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated he was cognitively intact. The MDS indicated R86 did not have upper or lower extremity impairments and received oxygen therapy. Review of R86's comprehensive Care Plan, revised 01/22/26, located under the Care Plan tab in the EMR revealed [86] is a smoker and will comply with the nonsmoking facility policy and procedure with approaches that included educated the family and resident that all smoking items need to be left at the front desk, residents need to sign out prior to getting these items and leave the grounds, they are responsible for themselves once signing out, and all items are returned to the nurse upon coming back into the facility, educate the family and the patient related to the risk of smoking while on (continued on next page)

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	oxygen, and educate [R86] on the smoking policy and procedure. Review of R86's Physician's Orders, dated 01/21/26, located under the Orders tab in the EMR revealed an order for . oxygen at [three] 3 LPM [liters per minute] via nasal cannula continuous every shift days, nights. Review of R86's Smoking Observation Form, dated 01/22/26, located in the EMR under the Observation tab, revealed the following . UNSUPERVISED patients/residents will be allowed to smoke unsupervised at any time when their independent status has been determined by the smoking observation as evidenced by all boxes checked NO. The facility failed to ensure that all components of the smoking assessment were answered NO. The form indicated a Yes response for medical diagnosis/condition, medication created a hazard when smoking, poor judgement/non-compliance regarding safety, and a physician's order for oxygen. Review of R86's Progress Notes, dated 01/22/26, located under the Progress Notes tab in the EMR revealed Spoke with [R86's Representative] related to the risk associated with patient signing out and smoking with oxygen. He has been educated related to the risk of fire . noncompliance can result in discharge from the facility. Review of R86's PAR [Person at Risk]/Behavior, dated 02/03/26, located under the Progress Notes tab in the EMR revealed . spoke with resident regarding his increased negative behaviors. He left the facility yesterday without signing out and left his rollator in the bushes in the back parking lot .We discussed the fact that he continues to violate the smoking policy as we are a non-smoking campus and he must sign out to smoke and not have smoking paraphernalia on his person . Review of an undated document provided by the facility referred to as an Agreement, indicated R86 agreed to a smoking schedule which was to happen from 8:00 to 8:30 AM, 1:00 to 1:30 PM, 6:00 to 6:30 PM, and from 9:00 to 9:30 PM. During an observation and interview on 02/23/26 at 8:15 AM, R86 was observed sitting on his rollator and smoking a cigarette while wearing oxygen via nasal cannula (delivering supplemental oxygen or airflow directly into a patient's nostrils via a lightweight, two-pronged tube) unsupervised in the upper parking lot. The portable oxygen machine remained attached to the rollator, and R86 stated that although he turned off the portable oxygen machine beforehand, he did not remove the nasal cannula or leave the device inside the facility. During an observation on 02/23/26 at 1:34 PM, R86 was seen seated on his rollator in the facility's lower parking lot, unsupervised, smoking a cigarette while wearing a nasal cannula connected to a portable oxygen machine. During an observation on 02/24/26 at 9:18 AM, R86 proceeded to the back parking lot, where a safety ashtray was available, and retrieved a cigarette and lighter from the zipper pocket of his oxygen machine bag attached to his rollator. Review of an undated document provided by the facility referred to as an Agreement, indicated R86 agreed to a smoking schedule which was to happen from 8:00 to 8:30 AM, 1:00 to 1:30 PM, 6:00 to 6:30 PM, and from 9:00 to 9:30 PM. During an observation and interview on 02/24/26 at 11:28 AM, in the facility's lower parking lot, (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	numerous cigarette butts were noted in the grass near a green cease fire cigarette butt receptacle. R86 was present with a portable oxygen machine attached to his rollator and smoking a cigarette, and R38 was positioned with a portable oxygen tank secured to the back of her wheelchair and smoking a cigarette. Residents reported they had signed out at the front desk prior to exiting the building and had set smoking times four times a day. R86 stated he kept his cigarettes and lighter in the zippered pocket of his oxygen machine bag. R38 reported that Medical Records kept her cigarettes and lighter secured at the front desk and provided them to her upon signing out. 2. Review of R38's Face Sheet, located in the EMR under the Resident tab revealed an admission date of 4/30/25 with diagnosis of chronic respiratory failure with hypoxia (not getting enough oxygen) and COPD. Review of R38's MDS, with an ARD of 11/25/25 and located under RAI tab of the EMR revealed R38 had a BIMS score of 15 of 15 indicating R38 was cognitively intact. Review of R 38's Care Plan, dated 10/25/2026 and located under the RAI tab in the EMR revealed R38 was non-compliant in the use of her oxygen. Review of the updated Care Plan, indicated on 02/22/26, R38 was re-educated that she needed to go off the facility grounds when smoking after turning her oxygen off. Review of R38's Smoking Observation Form, dated 02/26/26, located under the Observations tab of the EMR revealed, .Supervision will be required at all designated smoking times when the patient/resident observation identifies any potential hazard risk, as evidenced by any boxes checked Yes. The facility failed to ensure that all components of the smoking assessment were answered NO. Further review of the form indicated, Supervised Smoker.Yes. The resident was physically unable to light his/her own cigarette and Yes to the question is there a physician order for the patient/resident to use oxygen. During an observation on 02/24/26 at 1:00 PM, R38 was observed signing out to smoke. R38 was observed taking her oxygen tank outside. During an observation on 02/24/26 at 2:00 PM, R38 was observed around the corner from the front door in the parking lot to an area that had a safety butt container. R38 was noted to still have her oxygen tank attached to the back of her wheelchair. R38 indicated she knew how to turn her oxygen tank on and off. At no time were there any staff members observing R38. During an interview with R38 on 02/23/26 at 10:00 AM, R38 reported she signed out to smoke. R38 indicated she was educated on the use of oxygen while smoking. R38 indicated the facility staff kept her cigarettes up front, and she goes out every one to two hours. During an interview on 2/25/26 at 9:00 AM, LPN1 stated R38 would come up to the desk, turn her oxygen off, retrieve her cigarette, and sign out of the building. LPN1 stated she did not go out and supervise the residents who smoke. During a joint interview on 02/24/26 at 1:24 PM, the Administrator and DON stated the facility became smoke free in 2015 and no longer housed any grandfathered residents. They explained that the parking lot is not considered facility property and that the smoking schedule was intended as a suggestion rather than a formal protocol. According to both the Administrator and DON, residents who sign out (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	are on a leave of absence (LOA), like leaving with a family member, and therefore outside the facility's responsibility. The DON also reported that smoking assessments were completed incorrectly due to staff misunderstanding the questions, though she maintained the residents were able to smoke safely and were unsupervised during smoking.

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F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, and facility policy review, the facility failed to enforce its smoking policy by allowing residents to smoke near others using portable oxygen for two of four residents (Residents (R) 38 and R86) reviewed for smoking out of a total sample of 24 residents. This noncompliance created conditions that posed a risk of serious injury for the residents. The facility's failure to implement their smoking policy by staff allowing residents to smoke near residents with portable oxygen tanks caused or was likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 02/26/26 and was determined to exist on 02/23/26, for 483.90 Smoking Policies at a Scope and Severity (S/S) of a J. The Administrator and Director of Nursing (DON) were notified of the Immediate Jeopardy on 02/26/26 at 12:30 PM. The facility was notified that an acceptable plan of removal (POR) had been accepted on 02/27/26 at 11:22 AM. The survey team validated the full implementation of the facility's POR, and the Administrator was notified on 02/27/26 at 1:10 PM that the Immediacy was removed. The deficient practice remained at a scope and severity (S/S) of D (isolated No Actual Harm with Potential for More than Minimal Harm).Cross Reference F689.Findings include: 1. Review of R86's Face sheet, located under the Resident tab in the electronic medical record (EMR) revealed R86 admitted to the facility on [DATE] with multiple diagnoses to include chronic respiratory failure, chronic obstructive pulmonary disease (COPD), and nicotine dependence, cigarettes. Review of R86's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/25/26, located under the Resident Assessment Instrument (RAI) tab in the EMR revealed R86 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated he was cognitively intact. The MDS indicated R86 did not have upper or lower extremity impairments and received oxygen therapy. Review of R86's Smoking Observation Form, dated 01/22/26, located in the EMR under the Observation tab revealed the following . UNSUPERVISED patients/residents will be allowed to smoke unsupervised at any time when their independent status has been determined by the smoking observation as evidenced by all boxes checked NO. The facility failed to ensure that all components of the smoking assessment were answered NO. The form indicated a Yes response for medical diagnosis/condition, medication created a hazard when smoking, poor judgement/non-compliance regarding safety, and a physician's order for oxygen. Review of R86's Progress Notes, dated 01/22/26, located under the Progress Notes tab in the EMR revealed Spoke with [R86's Representative] related to the risk associated with patient signing out and smoking with oxygen. He has been educated related to the risk of fire . noncompliance can result in discharge from the facility. Review of R86's PAR [Person at Risk]/Behavior, dated 02/03/26, located under the Progress Notes tab in the EMR revealed . spoke with resident regarding his increased negative behaviors. He left the facility yesterday without signing out and left his rollator in the bushes in the back parking lot .We discussed the fact that he continues to violate the smoking policy as we are a non-smoking campus and he must sign out to smoke and not have smoking paraphernalia on his person . During an observation and interview on 02/23/26 at 8:15 AM, R86 was observed sitting on his rollator (continued on next page)

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F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	and smoking a cigarette while wearing oxygen via nasal cannula (delivering supplemental oxygen or airflow directly into a patient's nostrils via a lightweight, two-pronged tube) unsupervised in the upper parking lot. The portable oxygen machine remained attached to the rollator. R86 stated although he turned off the portable oxygen machine beforehand, he did not remove the nasal cannula or leave the device inside the facility. During a joint interview on 02/24/26 at 1:24 PM, the Administrator and DON stated the facility became smoke free in 2015 and no longer housed any grandfathered residents. They explained that the parking lot is not considered facility property. According to both the Administrator and DON, residents who sign out are on Leave of absence (LOA), like leaving with a family member, and therefore was outside the facility's responsibility. 2. Review of R38's Face Sheet, located under the Resident tab in the EMR revealed an admission date of 4/30/25 with diagnoses including chronic respiratory failure with hypoxia (not getting enough oxygen) and COPD with acute exacerbation. Review of R 38's MDS, located under the RAI tab in the EMR with an ARD of 11/25/25 revealed R38 had a BIMS score of 15 of 15 indicating R38 was cognitively intact. During an interview on 02/23/26 at 10:00 AM, R38 stated she signed out to smoke. R38 indicated she received education regarding the use of oxygen while smoking. R38 stated the facility staff kept her cigarettes up front, and she goes out every one to two hours. During an observation on 02/24/25 at 3:30 PM, R38 was observed around the corner from the front door in the parking lot to an area that had a safety butt container. R38 was noted to still have her oxygen tank attached to the back of her wheelchair. R38 indicated she knew how to turn her oxygen tank on and off. Staff members were not present at any time to observe R38 smoking. Review of the facility's policy titled, Smoke Free Policy, revised 02/10/26, provided by the facility, revealed, Policy Statement: . Smoking will only be allowed in outdoor designated areas for those residents grandfathered in prior to January 1, 2015. The admission Director or admitting Licensed Nurse will inform patient/residents and/or legal representative of the smoking policy upon admission .Procedure: .Smoking is prohibited in any area where flammable liquids, combustible gases or oxygen are used or stored and in any other hazardous location .Grandfathered in Patients/Residents: .5. All areas where smoking is permitted shall have ashtrays of non-combustible material and safe design.6. Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted .7. Fire igniting materials (matches/lighters) and smoking materials to include cigarettes, smokeless/electronic cigarettes, vaping devices, cigars, snuff, or loose tobacco should not be kept in a patient/resident's possession. Patients/residents igniting, and smoking materials will be maintained in a secure area maintained by staff .

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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. Based on record review, staff interviews, and review of the facility policy titled Care Plan, the facility failed to develop a person-centered, comprehensive care plan for one resident (R) (R60) out of a sample of 24. This deficient practice had the potential to place R60 at risk of not receiving services to address impaired vision.Findings include:Review of R60's Resident Face Sheet, located on the resident's dashboard in the electronic medical records (EMR) indicated the facility admitted the resident on 07/30/2021.Review of R60's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/01/2025, located under the Resident Assessment Instrument (RAI) tab in the electronic medical record, showed the resident had impaired vision and did not use glasses. The Brief Interview for Mental Status (BIMS) score was 14 out of 15, indicating the resident was cognitively intact. The Care Area Assessment (CAA) triggered vision impairment and directed staff to develop an appropriate care plan.Review of R60's care plan, located under the RAI tab in the electronic medical record, showed no evidence that the resident's impaired vision had been identified or addressed in the plan of care.Interview on 02/25/2026 at 10:48 AM with MDS Coordinator (MDSC) 1 indicated that because the CAA triggered for impaired vision, a corresponding care plan should have been developed. MDSC1 acknowledged that this had been overlooked.Interview on 02/25/2026 at 11:20 AM with the Administrator and Director of Nursing (DON) confirmed that the CAA for R60's vision had triggered and should have been addressed in the resident's care plan.Review of the policy titled Care Plan, revised 10/21/2025, documented Policy Statement: It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and the patient/resident choice. admission Comprehensive Plan Care 4. The care plan will contain 4 main components: Problem, Goal, Approaches, and Role or Accountability. Problems should be written as actual problems or conditions, potential problems or conditions, at risk for problems or conditions, or may address patient/resident limitations, maintenance level, or improvement possibilities. and resident discharge goals. Problem statements to be stated to the extent possible, in functional or behavioral terms (i.e., how is the condition a problem for the patient/resident; how does the condition limit or jeopardize the patient/resident's ability to complete tasks of daily life or affect the patient/resident's well-being.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record reviews and staff interviews, the facility failed to ensure eye care was provided to one resident (R) (R60) from a sample of two reviewed for eye care. Specifically, the facility failed to ensure orders were transcribed and implemented by a contracted eye exam company to provide care and services for R60. The deficient practice had the potential to place R60 at risk of unmet care needs and a diminished quality of life. Findings include:Review of R60's Face Sheet, located on the resident's dashboard in the electronic medical record (EMR), indicated the facility admitted the resident on 07/30/2021.Review of R60's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/12/2026. located under the MDS tab in the EMR. indicated the resident had vision impairment. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 14, which indicated little to no cognitive impairment.Review of R60's Eye Care Chart Note, dated 08/19/2025, located under the Resident tab in the EMR, indicated the resident was seen by an optometrist to address the resident's right and left eye for dry eyes. Under a section titled Assessment Plan, the Eye Doctor recommended, . Blepharitis is chronic and affecting [sic] ocular surface; recommend lid hygiene daily with a warm washcloth.Review of R60's Eye Care Chart Note, dated 12/09/2025, located under the Resident tab in the EMR, indicated that the optometrist saw the resident to address the resident's chronic dry eye. Under a section titled Medications Prescribed Today, it indicated the optometrist ordered Refresh Lacri-Lube 56.8 %-42.5 % eye ointment. Apply one millimeter ribbon behind the lower lid for both eyes every day for dry eye until 06/26/2026. The optometrist ordered Refresh Liquigel 1% liquid gel drops to apply two drops in each eye four times per day until 12/01/2026. Review of R60's Physician Orders revealed that there was no documented physician's order for eye care or the medication in the chart note written by the optometrist. Review of R60's Medication Administration Record (MAR), from 08/2025 to 02/2025, revealed there was no documentation to reflect the warm washcloth hygiene and the eye drops. During an interview and record review on 02/25/2026 at 10:31 AM, Licensed Practical Nurse (LPN) 1 reviewed R60's EMR and confirmed that the optometrist's orders for warm washcloths and eye drops were not transcribed into the clinical record and had not been carried through. LPN1 stated that typically, the optometrist will print out the orders and give them to the Social Services Director (SSD). During an interview on 02/25/2026 at 10:39 AM, the SSD stated that the process for the optometrist was to make recommendations and print the orders, which were then given to LPN1. The SSD stated the nursing team was responsible for reviewing the optometrist's orders. During an interview on 02/25/2026 at 11:20 AM, the Administrator, Director of Nursing (DON), and LPN1 were present. LPN1 stated that the orders should have been provided to the facility and then transcribed into R60's EMR. The DON stated that the optometrist typically provided the resident's orders to the facility. A request was made to the facility regarding policies for the coordination of care with contracted companies. This policy was not provided before the survey ended.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record review, the facility failed to ensure a medication error rate below five percent. There were two medication errors for two residents (R) (R61 and R89) observed out of 25 opportunities, resulting in a medication error rate of eight percent. This deficient practice had the potential to place R61 and R89 at risk of not receiving the correct dosage of medication. Findings include: 1. Review of R61's Face Sheet, located under the Resident tab in the electronic medical record (EMR), revealed he was admitted to the facility on [DATE] with a diagnosis of, but not limited to, type 2 diabetes mellitus without complications. Review of R61's Physician's Orders, dated 02/03/26, located under the Orders tab in the EMR, revealed an order for Humalog KwikPen Insulin (insulin lispro) insulin pen; 100 unit/ml [milliliter]; amt [amount]: Per sliding scale; .During an observation on 02/25/2026 at 11:15 AM, Registered Nurse (RN) 2 retrieved R61's insulin pen (a pen that contains the vial of insulin inside the pen and has a mechanism where the dose to be administered is set on a dial at the top of the pen, and only that amount can then be injected) from the medication cart, wiped the top with an alcohol wipe, attached a needle to the pen then dialed the dose to two units. RN2 carried the pen to R61's room. RN2 washed her hands, applied gloves, observed R61's left upper thigh, cleansed the upper thigh area with an alcohol wipe, gently inserted the pen needle into the flesh, injected the dose, then removed the needle after ten seconds. Next, RN2 carried the pen to the medication cart, disposed of the needle, and performed hand hygiene. During an interview on 02/25/2026 at 11:19 AM, RN2 confirmed she did not prime the pen after attaching the needle to it and had been trained to prime the pen. RN2 stated she did not know the reason for priming the pen, but forgot to prime it. 2. Review of R89's Face Sheet, located under the Resident tab in the EMR, revealed R89 was admitted to the facility on [DATE] with a diagnosis of, but not limited to, type 2 diabetes mellitus (DM) with hyperglycemia.Review of R89's Physician Orders, dated 04/19/2024, located under the Orders tab in the EMR, revealed an order for Humalog Kwikpen Insulin (insulin lispro) insulin pen; 100 unit/ml; amt: Per sliding scale; .During an observation on 02/25/2026 at 12:06 PM, Certified Medication Aide (CMA) 1 retrieved R89's insulin pen from the medication cart, wiped the top with an alcohol wipe, attached a needle to the pen, then dialed the selector to two units. CMA1 then carried the pen to R89's room. CMA1 washed her hands, applied gloves, observed R89's left upper arm, cleansed the upper arm with an alcohol wipe, gently inserted the pen needle into the flesh, injected the dose, then removed the needle after ten seconds. CMA1 carried the pen to the medication cart, disposed of the needle, and performed hand hygiene. During an interview on 02/25/2026 at 12:10 PM, CMA1 confirmed she did not prime the pen with two units to ensure the needle worked, to ensure the resident received the correct dosage of insulin. CMA1 stated they held a skills fair last year, and insulin pen administration was reviewed during training. During an interview on 02/25/2026 at 3:24 PM, the Director of Nursing (DON) stated they held an annual skills fair, which included insulin pen administration. The DON also stated she expected the nurses to prime the insulin pen by turning the selector to two units after attaching the needle, then pushing on the plunger, shoot the insulin in the air, and then replace the needle if the insulin does not come out of the needle. The DON indicated priming the pen was completed to ensure the pen worked and for appropriate dosing. The DON confirmed CMAs were included in the training and were allowed to administer insulin.During an interview on 02/25/2026 at 3:37 PM, the Clinical Competency Coordinator (CCC) stated that the facility's 2025 annual skills fair, held in September and October, included training on insulin pen administration. The CCC explained that nurses were instructed to prime the pen by dialing the selector to two units after attaching the needle, then shooting the insulin in the air to ensure the needle functioned properly so the resident would receive an accurate dose.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115562	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Holly Hill, LLC	413 Pendleton Place Valdosta, GA 31602

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record review, the facility failed to establish a policy governing food brought in by visitors. In addition, the facility failed to ensure a resident's personal refrigerator was free of expired items and that temperature logs were completed for the freezer for one resident (R) (R7) of 24 sampled residents. These deficient practices placed the residents at risk of foodborne illness. Findings include:Review of R7's Face Sheet, located under the Resident tab in the electronic medical record (EMR), indicated R7 was admitted to the facility on [DATE].Review of R7's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/20/2026 indicated R7 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, demonstrating the resident was cognitively intact.Interview on 02/23/2026 at 10:04 AM with R7 revealed that the resident stored food in his personal refrigerator and that staff had not cleaned it recently, although staff had taken temperatures.Observation on 02/23/2026 at 10:04 AM with Certified Nurse Aide (CNA) 5 revealed that R7's personal refrigerator contained multiple expired food items, including: almond milk dated 01/04/2026; Silk Almond Milk Vanilla from December 2025; an unlabeled, undated bowl containing a yellow substance with a black, furry growth on top; Ensure Clear dated December 2024; pre sliced [NAME] cheese dated 05/27/2025; Greek yogurt dated September 2025 and 07/02/2025. Observation also revealed the freezer compartment lacked a thermometer.In an interview on 02/23/2026 at 10:24 AM, CNA 5 confirmed that R7's refrigerator contained expired food items requiring disposal. CNA 5 reported she had cleaned the refrigerator a couple of months prior and stated she was not aware of any cleaning schedule or a designated location for documenting completion of the task.In an interview on 02/24/26 at 3:45 PM, the Maintenance Director 1 stated he entered R7's refrigerator temperatures into his maintenance program after they were documented on the personal refrigerator log. He explained that various department heads were responsible for completing daily room checks, which included recording temperatures. Maintenance Director 1 also reported that he had not been informed that the freezer lacked a thermometer and had not noticed that the freezer temperatures were not recorded on the form.In an interview on 02/25/26 at 10:39 AM, the Administrator acknowledged the facility did not have a policy addressing food brought in by visitors, nor did it have a defined cleaning schedule or assigned staff responsible for maintaining residents' refrigerators. She confirmed that freezer temperatures for R7 had not been taken because a thermometer was not in place until surveyors identified the issue the previous day. The Administrator explained that although multiple staff members were assigned to check the refrigerator temperature, none reported the freezer thermometer missing. She emphasized the importance of discarding expired items from the refrigerator and of routinely monitoring temperatures to maintain food safety.