STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115588	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Covington	4148 Carroll Street Covington, GA 30015

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 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 record review, staff interviews, and review of the policy titled Care Plan, revision date 10/21/2025, the facility failed to develop and to implement a care plan to address significant weight loss for one of five residents reviewed for nutrition. This had the potential to result in unmet care needs due to the facility not recognizing weight loss and the need for interventions.Findings include:Review of the facility policy titled Care Plan revealed: Care Plan Review and Update:4. Care plans will be updated by nurses, Case Mix Directors (CMD), or any other interdisciplinary team member so that the care plan will reflect the patient/resident's needs at any given moment.Record review revealed that Resident R46 was admitted to the facility with diagnoses including, but not limited to, encephalopathy, pneumonia, severe sepsis with septic shock, and malignant neoplasm of the oropharynx.Record review revealed that R46 experienced a significant downward weight trend. R26 weight decreased from 151.4 pounds on 10/01/2025 to 141.0 pounds on 01/02/2026, representing a 10.4-pound (6.9%) weight loss over approximately three months.Review of dietary progress notes revealed:On 1/12/2026: Resident's weight is trending down. Varied intake of meals noted. Receiving Ensure 1 carton BID. Recommend liberalize diet by discontinuing NAS (no added salt); continue with regular diet.On 3/23/2026: Resident's weight is trending down. Intake of meals varies. Resident is receiving a liberal regular diet. Recommend double eggs at breakfast, monitor weight per protocol, and f/u prn (follow up as needed).Review of the care plan for R46 revealed no evidence that R46 significant weight loss was addressed. The care plan lacked interventions, goals, and/or revisions related to the identified downward weight trend.Review of the Quarterly Minimum Data Set (MDS) dated [DATE], Section K0300 (Weight Loss), indicated the resident was coded as: 1 - Yes, on physician-prescribed weight-loss regimen. Further record review failed to identify evidence that the resident was on a physician-prescribed weight-loss regimen intended for intentional weight reduction.Interview with the MDS Coordinator on 04/9/2026 at 11:12 AM confirmed that Section K0300 was coded as 1 - Yes. The MDS Coordinator stated the coding was based on the resident receiving diuretic medication. Further interview revealed that the Interdisciplinary Team (IDT) is responsible for development and updates of care plans.Interview with the Director of Health Services (DHS) on 04/9/2026 at 12:12 PM revealed there were no care plan updates related to R46's downward weight trend. The DHS stated that nursing staff and/or the MDS Coordinator are responsible for updating care plans.

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