STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115600	A. Building B. Wing	06/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Lanier	2451 Peachtree Industrial Blvd Buford, GA 30518

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 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 interviews, and review of the facility's policies titled, Pot/Pan Washing and Sanitation and Ice Machines (Handling/Scoops), the facility failed to prevent wet-nesting in stored steam pans to avoid the potential for bacterial growth and the facility failed to ensure that the ice machine was properly cleaned to prevent bacteria growth. The facility census was 97 and 92 residents received an oral diet.Findings include: 1. Review of the facility policy titled, Pot/Pan Washing and Sanitation revealed under Procedure: 1. Air dry pots and pans on the drain board. Inspect for cleanliness and store pots and pans inverted in a clean, dry, protected area.Observation on 06/12/2026 at 8:40 AM of the pot/pan rack revealed there was a stack with six medium sized square steam table pans. The top two pans were pulled apart, and the inside of both pans were wet. A stack with three small square steam table pans were pulled apart and the top two pans were wet inside.During an interview on 06/12/2026 at 8:40 AM, the Dietary Manager (DM) confirmed that the steam table pans identified were stacked together wet. The DM stated that dietary staff were expected to air dry pans completely before stacking so that bacteria did not develop.2. Review of the facility policy titled, Ice Machines (Handling/Scoops) revealed under Policy Statement: It is the policy of Pruitthealth to maintain safe and sanitary conditions when serving ice to prevent cross contamination and the spread of bacteria.Observation on 06/13/2026 at 8:45 AM, of the ice machine, revealed it was located in the main dining room and was locked with only staff able to access the ice. Continued observation of the inside of the ice machine revealed a white plastic ice slide/shoot. The bottom edge of this ice slide/shoot had a brown/black type substance that went across the entire bottom edge. A white colored paper napkin was provided by the DM. This paper napkin was used to wipe/touch the bottom edge, and the brown/black substance was able to be removed.During an interview on 06/13/2026 at 8:45 AM, the DM confirmed that the brown/black substance was removed using the white colored paper napkin provided. The DM confirmed that the substance being able to be removed indicated that the ice slide/shoot was not clean. The DM stated that the inside of the ice machine and filters were cleaned once a month by maintenance, but she had assigned herself the task of ensuring the ice machine was clean inside and out, weekly. The DM stated that when she was ensuring the inside of the ice machine was clean, she looked at the ice slide/shoot, she did not notice any substance on ice slide/shoot when she last viewed on Monday (06/08/2026).

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