STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42463 Based on staff interviews, record review, review of the facility-provided document titled, PASRR (Preadmission Screening and Resident Review) Management Process, and review of the facility's policy titled, Collection of Pre-Admission Information, facility failed to ensure a PASRR Level II referral was made to ensure that individualized care and services were offered to meet resident needs for three of 25 sampled residents (R) (R22, R46, and R13) that were reviewed for PASARR. This failure had the potential for residents with mental disorders not to receive identified specialized services. Findings include: Review of the facility-provided document titled PASRR (Preadmission Screening and Resident Review) Management Process dated July 17, 2015, in the section titled, Level II Screening revealed, Transition Nurse must verify a Level II screening has been completed prior to admission. In the section titled, Morning Meetings revealed, All expected Admission should be discussed in the facility morning meeting. At this time, it must be confirmed that the pending admission does have a valid PASRR in the state system .Expected admission should be discussed including PASRR accuracy. Review of the facility's policy titled Collection of Pre-Admission Information dated September 2009 under Policy revealed, Prior to admission, the Admission Coordinator will obtain the following information and provide to the Financial Counselor: Copy of state specific PASSAR FORM (if applicable). 1. Review of R22's Face sheet revealed the resident admitted to the facility on [DATE] with diagnoses that include but are not limited unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, mood disorder due to known physiological condition, unspecified, bipolar disorder, current episode mixed, severe, with psychotic feature and major depressive disorder, single episode, unspecified. Review of R22's Admission Minimum Data Set (MDS) dated [DATE] revealed: Section A- Identification Information: indicated no PASRR Level II; Section C-Cognition: a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition; Section D-Mood: Total Severity score of 0 (zero); Section E-Behavior: indicated no behaviors; Section I-Active Diagnoses: indicated Non Alzheimer's, seizure disorder, depression, and bipolar; Section N-Medications: indicated resident received antipsychotic, antidepressant, and antipsychotic medications. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R22's care plans included but not limited to: (Resident Name) receives anti-depressant, and anti-psychotic to manage dx of depression, mood disorder, bipolar, dementia. Risk for falls and adverse side effect with problem start date of 7/19/2024; (Resident Name) adjustment difficulty to new environment related to recent admission. HX (history) of bipolar, dementia, mood disorder, dementia, etc. with problem start date of 7/19/2024; (Resident Name) is inpatient with staff, becomes easily angered if they are not on time with tasks or late with problem start date of 8/14/2024. Review of R22's physician orders included but not limited to, duloxetine capsule, delayed release; 60 mg (milligram); one capsule by mouth once a day; risperidone 0.5 mg; one tablet by mouth once a day; and risperidone 1 mg; one tablet by mouth at bedtime; all with start date of 7/22/2024. Review of R22's medical record revealed an approved PASRR Level I dated 1/23/2015, however there was no primary diagnosis of serious mental illness, developmental disability, or related condition indicated. Review of the facility provided list of residents at the facility with a PASRR Level II titled PASRR LEVEL II [Facility Name] August 2024 revealed, R22 did not have a PASRR Level II. Review of R22's Social Services Progress Note dated 7/19/2024 revealed the resident did not have any discharge plans and would require LTC (Long Term Care) at the facility. Review of R22's medical record revealed that R22 was not receiving psychiatric services. 2. Review of R46's Face sheet revealed the resident admitted to the facility on [DATE] with diagnoses that include but are not limited mood disorder due to known physiological condition, unspecified, bipolar disorder, current episode mixed, severe, without psychotic major depressive disorder, recurrent, moderate, unspecified mood [affective] disorder, and generalized anxiety disorder. Review of R46's Admission MDS dated [DATE] revealed: Section A- Identification Information: indicated no PASRR Level II; Section C-Cognition: a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition; Section D-Mood: Total Severity score of 6 (six); Section E-Behavior: indicated no behaviors; Section I-Active Diagnoses: indicated anxiety disorder, depression (other than bipolar), bipolar disorder Section N-Medications: indicated resident received antipsychotic, antianxiety, antidepressant medications. Review of R46's care plans included but not limited to: (Resident Name) referred to Life Source for depressive symptoms with problem start date of 8/16/2024; (Resident Name) receives anti-anxiety, anti-depressant, and anti-psychotic medication. Also receives mood stabilizer medication. Risk for falls and adverse side effects. Has dx of Bipolar, MDD, Mood disorder, and alcohol dependence with unspecified alcohol induced disorder with problem start date of 8/15/2024. Review of R46's physician orders included but not limited to: buspirone 5 (five) mg, (two tablets) by mouth three times a day (TID) with start date of 8/20/2024; duloxetine 60 mg capsule, one capsule by mouth at bedtime with start date of 8/14/2024; divalproex 125 mg, one tablet by mouth TID with start date of 8/14/2024 and quetiapine 50 mg tablet extended release 24 hr, one tablet by mouth at bedtime with start date of 8/20/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R46's medical record revealed an approved PASRR Level I dated 4/12/2023, however there was no primary diagnosis of serious mental illness, developmental disability, or related condition indicated. Review of the facility provided list of residents at the facility with a PASRR Level II titled PASRR LEVEL II [Facility Name] August 2024 revealed, R46 did not have a PASRR Level II. Review of R46's Social Services Progress Note dated 8/15/2024 revealed the resident was at the facility for LTC and was receiving psychiatric services for psychotherapy. Interview on 8/31/2024 at 12:17 pm with Social Service Director revealed she reviewed new admissions to ensure they have a PASRR Level I in place. She reported if a resident's stay were long-term, she would review their diagnoses to determine if they had qualifying diagnoses for a Level II PASARR and submit the screening application at that time. She revealed that both R22 and R46 was at the facility for long term care. She confirmed that a Level II screening application had not been submitted for R22 and R46 that included the residents' qualifying diagnoses. She stated they were in the process of auditing all residents with qualifying diagnoses to ensure Level II screenings had accurately submitted. Interview on 8/31/2024 at 12:40 pm with the Administrator revealed his expectations of staff were to review and ensure PASRR Level I screenings were completed accurately prior to residents' admission and to follow the facility's PASRR process. Interview on 9/1/2024 at 9:30 am with the Admission Director, revealed she was responsible for obtaining PASRR Level I screenings on residents prior to admission. She reported that she would review the residents' medical records to determine if they had qualifying diagnoses and would submit a Level I screen. She stated that the R46 had a Level I screen completed at another facility and did not think she had to complete another one. She confirmed that both R22 and R46 had qualifying diagnoses on admission that would have triggered a Level II. She confirmed that a Level II screening should have been completed that included the qualifying diagnosis. She acknowledged that it had been overlooked. 36377 3. Record review of R13 's medical record revealed an admitted to the facility on [DATE] with the following diagnoses, but not limited to, major depressive disorder, recurrent severe with psychotic symptoms and anxiety disorder. Record review of R13's PASRR Level I revealed an official approval date of 7/28/2023. Continued review of the form revealed no indications that resident had any medical diagnosis or criteria which would prevent ineligibility for a PASRR Level II. Record review of R13's Annual MDS dated [DATE] Section C revealed a BIMS score of eight, a score of 8 of 12 indicated moderate cognitive impairment. In Section D for Mood, R13 was assessed for feeling down or depressed and having little energy or feeling tired for 12-14 days (almost every day). Review of R13's medical record revealed no PASRR Level 2 found in the record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the list of residents at the facility with a PASRR Level II provided by the facility and titled PASRR LEVEL II [Facility Name] August 2024, revealed R46 did not have a PASRR Level II. Review of R13's Physician Order Form (POF) and Medication Administration Record (MAR) revealed an order for a psych medication, Cymbalta (duloxetine). The order dated 8/22/2024 read, Cymbalta (duloxetine) capsule, delayed release (DR/EC); 20 mg (milligram); amt (amount): 1 CAP (one capsule); oral Once A Day Every Other Day. Interview with the Social Service Director (SSD) on 8/31/2024 at 1:06 pm, the SSD confirmed that a PASRR was not submitted for R13. She stated the last time that the facility residents were screened for a PASRR Level II was March 20, 2024. Interview on 9/1/2024 at 9:34 am, the Admission Coordinator confirmed that R13's PASRR Level II was not submitted. She reported that prior to any resident admission to this facility from a discharge facility, the process was to ensure that the resident had a PASRR Level II. Once the resident was admitted to a room, and on the facility census, the SSD would follow up with submitting the PASRR Level II.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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** 41914 Based on staff interviews, record review, and review of the facility policy titled, Care Plan the facility failed to ensure the care plan was implemented for one of five residents (R) (R48). The deficient practice had the potential to affect the care and services provided to R48. Findings include: Review of the facility policy titled, Care Plan revised date of 7/27/2023 revealed under 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. Under Admission Comprehensive Plan of care 4. The goal is an expected outcome the patients/residents should achieve by implementing specific interventions. Record review for R48 revealed resident was admitted to the facility with diagnoses of but not limited to the following: Acute and chronic respiratory failure with hypercapnia, Chronic systolic (congestive) heart failure, Morbid (severe) obesity due to excess calories, and Chronic obstructive pulmonary disease (COPD). Review of the physician orders revealed an order dated 8/5/2024 that indicated oxygen at five LPM (liters per minute) via nasal cannula (NC) continuous. Review of the Annual Minimum Data Set (MDS) dated [DATE] Section O (Special Treatments, Procedures, and Programs) indicated resident was utilizing supplemental oxygen. Review of R48's care plan revealed under problem, R48 required oxygen related to disease process: CHF, A-Fib, morbid obesity, and chronic resp. failure with hypoxia, COPD. The approach was to administer oxygen as ordered at five LPM via NC. Observation on 8/30/2024 at 10:22 am revealed R48 was receiving 3 liters of oxygen via NC with no humidifier bottle noted. Observation on 8/31/2024 at 1:15 pm revealed oxygen was set at 4.5 LPM. Interview on 8/31/2024 at 2:46 pm with the Director of Health Services (DHS) revealed her expectation was that staff follow the care plan as written.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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 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** 41914 Based on observations, staff interviews, record review, and review of the facility's policy titled, Oxygen Administration the facility failed to ensure oxygen therapy was administered as ordered for two of eight Residents (R) (R48 and R19). Specifically, the facility failed to ensure oxygen was administered at five litters per minute (LPM) as ordered and a humidifier bottle was utilized during oxygen administration for R48; and failed to ensure R19's humidifier bottle was changed and contained the required humidifying solution. Findings include: Review of the facility policy titled, Oxygen Administration with revise date of 8/2/2023 revealed under Policy Statement: It is the policy of (Facility Name) Hospice and Healthcare Centers/Veteran Homes to provide oxygen safely and accurately to appropriate patients/residents. Under Procedure: 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. 4. Regulate liter flow to ordered/desired flow rate. Continued review under Infection Control Policy of 02 Humidifier Bottles: 1. 02 humidifier bottles should be used on all patients/residents receiving higher than 2 Liters/minute of oxygen flow. 1. Record review for R48 revealed resident was admitted to the facility with diagnoses of but not limited to the following: Acute and chronic respiratory failure with hypercapnia, Chronic systolic (congestive) heart failure, Morbid (severe) obesity due to excess calories, and chronic obstructive pulmonary disease (COPD). Review of the physician orders revealed an order dated 8/5/2024 that indicated oxygen at five LPM via nasal cannula (NC)continuous. Review of the Annual Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) revealed Brief Interview for Mental Status (BIMS) score of 15 indicating resident had little to no cognitive impairment. Section O (Special Treatments, Procedures, and Programs) indicated resident was utilizing supplemental oxygen. Review of the care plan review under problem, R48 required oxygen related to disease process: CHF, A-Fib, morbid obesity, and chronic resp. failure with hypoxia, COPD. The approach was to administer oxygen as ordered at five LPM via NC. Observation on 8/30/2024 at 10:22 am revealed R48 was receiving oxygen at 3 liters per minute (LPM) via NC with no humidifier bottle noted. Observation on 8/31/2024 at 1:15 pm revealed oxygen was set at 4.5 LPM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115617	A. Building B. Wing	09/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Fitzgerald	185 Bowen's Mill Highway Fitzgerald, GA 31750

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 8/31/24 at 1:20 pm with Licensed Practical Nurse (LPN) AA revealed R48 is supposed to be on 5 liters of oxygen continuously but sometimes the settings get changed accidentally during care. Further interview revealed at the beginning of the shift the oxygen concentrators are checked against the physician's order. Sometimes there are water bottles put on the oxygen concentrators and sometimes they are not, depending on if the resident wants them on there or not. Interview on 8/31/2024 at 1:52 pm with the Director of Health Services (DHS) revealed residents must have a physician's order for oxygen and should be checked by the Charge Nurse before oxygen is administered. The Charge Nurses should also be checking to ensure that residents receiving oxygen are getting the correct amount as ordered by the physician throughout their shift. The DHS confirmed R48's oxygen was not set on the correct flow rate as ordered by the physician. 36377 2. Record review of R19's medical record revealed the following diagnoses but not limited to, chronic obstructive pulmonary disease and chronic kidney disease. Record review of R19's Quarterly MDS dated [DATE] Section C revealed a BIMS score of 15 (a score of 13 to 15 indicated little to no cognitive impairment). Section O, special treatments and therapy use assessed R19's for oxygen use. Observation on 8/30/2024 from 10:00 am until 10:30 am, revealed R19 was receiving oxygen by oxygen concentrator and nasal cannula with a setting of 4 LPM (liters per minute). Continued observation revealed the humidifier bottle (pre-filled humidifier bottle) attached to the oxygen concentrator was empty. Review of R19's Physician Order (POF) listed an order dated 10/17/2023 for Oxygen at 4 LPM via nasal cannula PRN SOB (as needed for shortness of breath). Special Instructions: SOB, < 90% every shift (shortness of breath, oxygen saturation less than 90 percent every shift). A second order dated 10/17/2023 stated oxygen: change respiratory circuit/supplies weekly prn once a day on Sunday nights. Review of R19's care plan created 8/23/2022 (last revised 8/30/2024) stated R19 requires supplemental Oxygen Use at times related to: COPD, CHF (congestive heart failure), morbid obesity, and chronic respiratory failure. Interventions included, my apply oxygen as needed at 4 LPM via NC for oxygen levels less than 90%. During an interview on 8/30/2024 at 11:39 am (at the time of observation) with Licensed Practical Nurse (LPN) II, she confirmed that the R19's humidifier bottle was empty. LPN II reported being aware that the humidifier bottle needed replacement earlier during her visit to R19's room, she stated that her plan was to replace the bottle. Interview on 8/31/2024 at 3:10 pm, the DON confirmed that humidifier bottle should be attached and filled to prevent the resident from intake of dry oxygen. She reported her expectation was for nursing staff to monitor oxygen supplies.