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	01/14/2026

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to discard cucumbers, tomatoes, and hamburger buns that had signs of spoilage, chocolate milk with expired sell by dates, and failed to cover food that was stored in the kitchen's walk-in freezer. The facility also failed to keep two kitchen ovens, two frying pans, and microwave oven clean for one of one kitchen. These failures had the potential to create an environment for food-borne illnesses which could affect 67 residents who consumed food prepared from the facility's kitchen. Findings include:1. Observation during the initial kitchen inspection on 01/11/2026 from 8:45 AM to 9:25 AM, with the Dietary Manager (DM) present, revealed the following concerns with food storage:a. Observation of food stored in the kitchen's walk-in refrigerator revealed two boxes of cucumbers which contained numerous cucumbers that had signs of spoilage including mold growth, one box of tomatoes which contained 15 tomatoes that had signs of spoilage including mold growth, and 31 half pint cartons of chocolate milk with expired sell by dates of 12/31/2025.b. Observation of food stored in the kitchen's walk-in freezer revealed a 29.7-pound box of biscuit dough, two 20-pound boxes of okra, and a bag of hush puppies that were stored open to air and unprotected from possible contamination.c. Observation of bread stored on the kitchen's bread racks revealed one package of hamburger buns with mold growth on one of the buns stored inside the package and one undated package of hamburger buns which did not contain a use by or sell by date.During an interview on 01/11/2026 at 9:10 AM, the DM confirmed the above food storage concerns that were identified during the initial kitchen sanitation inspection. The DM stated staff should discard any food with signs of spoilage or with expired expiration dates, and food should be closed when stored by staff. The DM also explained when bread products were delivered to the facility, she only checked the top layer bread for expiration dates and signs of spoilage, not the entire delivery.2. Observation during the initial kitchen inspection on 01/11/2026 from 8:40 AM to 9:25 AM, with the DM present revealed the following unclean food preparation and service equipment that was stored and ready for use: two kitchen ovens, and two frying pans which had accumulated blackened dried food substances on them.During an interview on 01/11/2026 at 9:25 AM, the DM confirmed the two kitchen ovens, and two frying pans were not clean. The DM stated the kitchen ovens were last cleaned three weeks ago, and kitchen equipment should have been cleaned by staff prior to being stored for use.3. Observation during a follow-up inspection of the kitchen on 01/12/2026 at 10:15 AM, with the DM present, revealed the kitchen's microwave oven was unclean with a heavy accumulation of splattered dried food substances in the oven's interior cooking compartment.During an interview on 01/12/2026 at 10:15 AM, the DM confirmed the interior of the kitchen's microwave oven was unclean and needed to be cleaned. The DM stated staff should have cleaned the microwave oven each day and as needed.Review of the facility's policy titled, Foodborne Illness, with a review date of 01/08/2021, indicated It is the policy of [Name] that the [DM] to be ServSafe certified in accordance with local, state, and federal regulations. This ensures the proper preparation and serving of foods under safe and sanitary conditions to prevent the spread of bacteria which may lead to foodborne illnesses.Procedure.2. Foods will be used before the expiration date, use by date, best by date, and (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	sell by date, indicated on the food item. Foods not used prior to the expiration dates, use by date, best by date or sell by date must be discarded.6. Hands, equipment, utensils, and work areas must be dismantled, cleaned, and sanitized between uses.Review of the facility's policy titled, Receipt and Storage of Food & Supplies, with a review date of 10/20/2025, indicated It is the policy of [Name] that all food and supplies will be checked in and stored immediately upon delivery to ensure food safety.Procedure: 1. The Dietary Manager or trained designee is accountable for receiving and storage of food and supplies.7. The first in, first out (FIFO) method must be used to ensure proper rotation of all food items to prevent spoilage.Review of the facility's policy titled, Cleaning Procedures: Kitchen Area, with a review date of 10/23/2025, indicated It is the policy of [Name] to maintain a clean and sanitary environment to prepare patient/resident meals.All soiled, dirty, dusty, surfaces and/or areas within the kitchen should be cleaned and/or sanitized (as needed) immediately upon identification.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews, and review of the Resident Assessment Instrument (RAI) Manual 3.0, the facility failed to ensure Minimum Data Set (MDS) assessments were transmitted within the required timeframes specified for five of 20 sampled residents (R) (R26, R48, R72, R56, and R46) reviewed for MDS. This failure had the potential for inaccurate or incomplete care planning and/or provision to the residents, and/or a lack of appropriate payment for services to the facility.Findings include: 1. Review of the facility census on 01/11/2026 revealed that R26 was not in the facility. Review of the facility electronic medical record (EMR) Progress Notes for R26 on 01/11/2026 revealed: 10/09/2025 03:23 PM Resident was discharged from the facility with family via private vehicle walking with rollator via private vehicle with all meds [medications] and belongings.Resident discharged with no incident. Review of R26's Face Sheet from the EMR Resident tab revealed a facility admission date of 09/25/2025 with a discharge date of 10/09/2025 with medical diagnoses that included altered mental status, repeated falls, and acute kidney injury. Review of R26's EMR RAI tab, and the MDS 3.0 Assessments tab revealed on 01/11/2026 a Discharge Return Not Anticipated (DCRNA) with an Assessment Reference Date (ARD) of 10/09/2025 was still In Process. During an interview on 01/12/2026 at 3:57 PM, MDS Coordinator (MDSC) 1 and MDSC 2 reviewed the EMR MDS screen, and MDSC2 stated R26's assessments might have been included in an emailed list of identified missing assessments. The email was reviewed and at 4:00 PM, MDSC2 stated R26 was not included on that list. 2. During an interview on 01/12/2026 at 9:40 AM, R48 stated he/she received dialysis services three times per week. Review of the survey software Resident Manager revealed R48 was only triggered from the MDS assessment data for one rehospitalization. Review of R48's Face Sheet from the EMR Resident tab revealed a facility admission date of 10/27/2025, with a readmission date of 01/10/2026, with medical diagnoses that included type II diabetes, end stage renal disease, hypertension, depression, left leg below knee amputation, and chronic obstructive pulmonary disease (COPD). Review of R48's EMR RAI tab, and the MDS 3.0 Assessments tab revealed an admission assessment, with an ARD of 10/31/2025, was still In Process. The Discharge Return Anticipated with an ARD of 11/16/2025 and the Entry with an ARD of 11/18/2025 showed a status of Production Accepted. During an interview on 01/12/2026 at 4:07 PM, MDSC2 reviewed the EMR MDS tab and stated that R48's admission MDS was shown as completed and submitted earlier today, it was completed and signed on 11/12/2025 and should have been submitted sometime in November. 3. Review of the facility census on 01/11/2026 revealed R72 was not in the facility. Review of R72's Progress Notes from the EMR Resident tab revealed: 11/08/2025 10:31 AM Resident discharged home, A/O [alert and oriented]. All medications and personal items sent home with resident. (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R72's Face Sheet from the EMR Resident tab revealed a facility admission date of 10/20/2025; a discharge date of 11/08/2025; with medical diagnoses that included myocardial infarction (heart attack), type II diabetes, hypertension, and dyspnea with lung abnormalities. Review of R72's EMR RAI tab, and the MDS 3.0 Assessments tab revealed an admission assessment, ARD of 10/24/2025, and a DCRNA assessment, ARD of 11/08/2025, both had a status of In Process. During an interview on 01/12/2026 at 4:09 PM, MSDC2 stated R72's admission MDSs were submitted today and should have been submitted sometime in November. During an interview on 01/14/2026 at 3:19 PM, the Administrator stated the facility did not have MDS policies but used the RAI Manual for their MDS procedures. During an interview on 01/14/2026 at 4:20 PM, the Director of Nursing (DON) stated an expectation that they [MDS assessments] be submitted in a timely manner on or before the due date. 4. Review of R56's undated Face Sheet located under the Resident tab of the EMR revealed R56 was admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease and type two diabetes mellitus. Review of R56's significant change MDS with an ARD of 11/03/2025, located in the EMR under the RAI tab revealed the assessment's CAA Summary (Section V) and the Assessment Administration section (Section Z) to verify completion of the assessment were not signed as completed by MDSC2 until 01/12/2026. During an interview on 01/14/2026 at 11:05 AM, MDSC2 confirmed R56's significant change MDS assessment on 11/03/2025 was not signed as completed until 01/12/2026. MDSC2 stated she was not employed at the facility when R56's significant change MDS on 11/03/2025 was performed, but she noticed the assessment's CAA Summary (Section V) and the assessment had not been signed by the Registered Nurse (RN) Assessment Coordinator to verify completion (Section Z), so she signed the CAAs and the assessment as completed which then transmitted the MDS data to Centers for Medicare and Medicaid Services (CMS) on 01/12/2026. 5. Review of R46's undated Face Sheet located under the Resident tab of the EMR revealed R46 was admitted to the facility on [DATE] with a primary diagnosis of hypertensive heart disease with heart failure. Review of R46's quarterly MDS with an ARD of 10/30/2025, located in the EMR under the RAI tab, revealed it was signed by the Registered Nurse (RN) Assessment Coordinator as completed on 11/11/2025. However, the data for R46's 10/30/25 MDS was not electronically transmitted by the facility to the Centers for Medicare and Medicaid Services (CMS) system until 01/08/2026. During an interview on 01/14/2026 at 12:55 PM, MDSC2 confirmed R46's quarterly MDS assessment of 10/30/2025 was signed as completed by the RN Assessment Coordinator on 11/11/2025 but the MDS data was not transmitted to CMS until 01/08/2026. Review of the RAI Manual 3.0, dated 10/2019, revealed .OBRA [Omnibus Budget Reconciliation Act] required comprehensive assessments include the completion of both the MDS and CAA process, as well as care planning. Comprehensive assessments are completed upon admission, annually, and (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	when a significant change in a resident's status has occurred or a significant correction to a prior comprehensive assessment is required.The MDS completion date (item Z0500B) must be no later than 14 days from the ARD [Assessment Reference Date].and no later than 14 days after the determination that the criteria for an SCSA [Significant Change in Status Assessment] were met. This date may be earlier than or the same as the CAA(s) completion date, but not later than.