

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115628	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Palmyra		STREET ADDRESS, CITY, STATE, ZIP CODE  1904 Palmyra Road Albany, GA 31702	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15650</p> <p>Based on staff interview, record review and review of the facility's policy titled, Wound Observation and Assessment Documentation, the facility failed to thoroughly and consistently assess pressure ulcers for one resident (R) (R2) from a sample of 24 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Wound Observation and Assessment Documentation with a revised date of 6/14/2024 revealed: Policy Statement: (Facility name) Wound Observations are documented weekly in the Electronic Health record. Procedure included: Determine the type of ulcer and the staging, measure wound in centimeters to determine length, width and depth, document wound measurement, tunneling and/or undermining in the narrative, describe the wound margins, describe the type of tissue in the wound bed, describe the wound exudate/drainage as light, moderate or heavy, describe the surrounding tissue. At least every seven days a comprehensive nursing assessment is completed by a Registered Nurse (RN) that included a review of the current plan, current wound status (based on assessment and review of all documentation), and response to treatment plan. Wound measurements are completed weekly and when there is significant change in wound status by the SIC (skin integrity coordinator) RN.</p> <p>Record review revealed R2 was admitted to the facility on [DATE] with the following but not limited to diagnoses: hemiplegia and hemiparesis following cerebral infarction, muscle weakness, contracture of left hand and left elbow, vascular dementia, heart failure, chronic obstructive pulmonary disease, and protein calorie malnutrition.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment dated [DATE] indicated R2 was dependent on staff for all activities of daily living.</p> <p>Review of the care plan included but not limited to, Problem: risk for pressure injuries, start date 11/6/2021. Approach/interventions included conduct a systemic skin inspection (weekly, daily). Pay particular attention to the bony prominences, reviewed/ revised on 6/21/2024, 5/9/2024, 1/19/2024, 8/14/2023.</p> <p>Review of the Wound Management Detail Report revealed on 6/21/2024 a Stage 2 pressure ulcer was identified on R2's sacrum that measured 2.5 centimeters (cm) x 3.5 cm x 0 depth. Measurements are in L x W x D (length by width by depth).</p> <p>(continued on next page)</p>

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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There were no further wound assessments or measurements until 7/24/2024 when R2 was evaluated by a local wound care clinic.</p> <p>Review of the physician's orders, and physician notes from the 7/24/2024 wound evaluation noted R2 had a Stage 2 pressure ulcer to the sacrum measuring 2 cm x 0.2 cm x 0.3 cm.</p> <p>Further review of the clinical record revealed there were no further assessments of the sacral pressure ulcer. The resident was discharged to the hospital on 8/7/2024.</p> <p>Interview on 9/5/2024 at 12:30 pm with the Director of Health Services (DHS), she confirmed there was no weekly descriptive documentation of the resident's pressure ulcer.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15650</p> <p>34318</p> <p>Based on staff interview, record review, and review of the facility's policy titled, Occurrences the facility failed to ensure one of 19 residents (R) R7 was free from a slip and fall related to a water leak from the ceiling on the Memory Care Unit.</p> <p>Findings include:</p> <p>Review of the policy titled Occurrences with a revised date of 1/11/2024 revealed, Occurrence hazards are physical features in the healthcare center environment which may pose a risk to a patient/resident's safety, including but not limited to: Any event, accident or incident, on or off healthcare center property which results in an injury or has the potential for injury.</p> <p>Observation on 9/9/2024 at 11:47 am on the memory unit, revealed two trash cans on the floor, mid-way in the sitting area, and placed under two areas where the ceiling was leaking water from the rain. A trash can was also placed on a table near the window on the left side collecting water dripping from the ceiling.</p> <p>Observation on 9/9/2024 at 2:55 pm revealed the [NAME] area was opened on the memory care unit and the Maintenance Director was in the [NAME].</p> <p>Review of a closed record revealed that on 5/17/2024 R7 was ambulating in the dayroom, and he slipped and fell from water that was leaking from the ceiling onto the floor. There was no documented evidence that R7 had any injuries.</p> <p>Review of R7's care plan revealed an approach (intervention) dated 5/17/2024 to repair the leak in the ceiling.</p> <p>Review of an invoice dated 9/18/2023 revealed the roof leak repair on shingle roof, and refastening of loose shingles would cost \$1,175.00 dollars.</p> <p>Review of an invoice dated 3/20/2024 revealed that the roof repair, cost of repair, or to replace loose or missing shingles would cost \$1,295.00 dollars.</p> <p>However, neither invoice specified the section of the building roof that required repairing.</p> <p>Review of Proposal dated 9/9/2024 revealed a quote of \$7,995.00 dollars to remove shingles on Courtyard side of connector from valley-to-valley area, and to install architectural shingle system to match existing roof as close as possible.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 9/9/2024 at 11:27 am, Licensed Practical Nurse (LPN) AA revealed that R7 could walk and was confused at times. R7 walked with his personal cane, his gait was unsteady, and he could walk a short distance without his cane. LPN AA revealed that on 5/17/2024 R7 slipped down in water leaking from the ceiling in the day room.</p> <p>Interview on 9/9/2024 at 12:11 pm, the Maintenance Director revealed that the roof had tar applied on the area where the water was leaking from. A roofer had given a quote to repair the roof but there had not been any repairs on the roof for 2024.</p> <p>A second interview on 9/10/2024 at 9:28 am, the Maintenance Director revealed that the roof had leaked on and off for years. The roof on the Memory Care unit only leaked when there was a heavy rain. Interview further revealed the roof had tar applied in the area that leaked, but the problem was the roof valley, which is where two sections meet to allow water to flow down the roof and are a common cause of leaks.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15650</p> <p>Based on staff interview, record review, and review of the facility's policy titled, Weight Monitoring Program, the facility failed to ensure that one of three resident's (R) (R3) was monitored for excessive weight loss. Specifically, the facility failed to ensure R3's weights were monitored, and the resident was referred to Speech Therapy (ST) services for further evaluation after excessive weight loss was identified.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Weight Monitoring Program with a revised date of 6/2/2023 indicated the following: Significant weight loss will be weighed weekly and reviewed weekly for a minimum of four weeks until weight is stable or increasing, Re-weights must be obtained on all weights (daily, weekly, or monthly) that shows a weight loss/gain of three pounds or more for weekly weights and five pounds or more for monthly weights. Reweighs must be obtained and documented within 24 hours of prior weight. A significant weight change is defined as: five percent weight loss or gain in one month, 7.5 percent weight loss or gain in three months and 10 percent weight loss or gain in six months. For unplanned/unanticipated significant weight loss: Complete Weight Loss/Gain Checklist, add to weekly weights, Weight Team will document in the medical record, Update food preferences, Update Care Plan and interventions will be added as needed.</p> <p>Record review revealed R3 was admitted to the facility on [DATE] with the following but not limited to diagnoses: hemiplegia and hemiparesis following cerebral infarction affecting nondominant side, dysphagia, dysarthria, muscle weakness, diabetes, delusional, major depressive disorder.</p> <p>Review of the facility Weights/Vitals results for R3 revealed the following weights in pounds: 3/8/2024-207 pounds (lbs.), 4/8/2024-190 lbs., 5/16/2024-175 lbs., 6/10/2024-173 lbs., 7/10/2024-163 lbs., 8/9/2024-159 lbs., and 9/6/2024-158 lbs.</p> <p>Results indicated R3 had 8.2% significant weight loss in one month from 207 lbs. on 3/8/2024 to 190 lbs. on 4/8/2024, a 16.4% significant weight loss in three months from 207 lbs. on 3/8/2024 to 173 lbs. on 6/10/2024; and a 23.6% significant weight loss in six months from 207 lbs. on 3/8/2024 to 158 lbs. on 9/6/2024.</p> <p>Record review revealed that although R3 had significant weight loss on 4/8/2024, there was no evidence the facility re-weighed the resident according to the facility policy and no evidence the Registered Dietician was consulted until 8/2/2024, who noted a significant weight loss and recommended to add Glucerna supplement which was ordered on 8/2/2024. It was further noted that despite an ongoing significant weight loss, the resident was not placed on weekly weights according to the facility policy.</p> <p>Review of the Nurse Practitioner (NP) Progress Note dated 8/1/2024 revealed R3 reported coughing/choking with eating and was ordered a ST evaluation. Review of the electronic medical record revealed a ST evaluation was not ordered until after the state surveyor's inquiry on 9/5/2024.</p> <p>(continued on next page)</p>		

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F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview on 9/5/2024 at 3:00 pm with the Director of Health Services (DHS) revealed that R3 should have been re-weighed on 4/8/2024, and the Registered Dietician should have been notified. She also confirmed the order from the NP for an ST evaluation was not done until 9/5/2024.		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15650</p> <p>34318</p> <p>Based on staff interviews and record review, the facility failed to ensure Kesimpta (injectable medication used to treat multiple sclerosis) was ordered timely for one of two residents (R) (R10).</p> <p>Findings include:</p> <p>Observation on 8/29/2024 at 10:37 am revealed, this surveyor observed with Licensed Practical Nurse (LPN) CC a box of medication containing Kesimpta pen injection dated 8/9/2024, in the refrigerator for R10.</p> <p>Observation on 9/10/2024 at 3:14 pm, this surveyor observed with LPN DD that there was no Kesimpta pen in the refrigerator for the next monthly dose for R10.</p> <p>Review of the Resident Face Sheet revealed R10 was admitted to the facility on [DATE], with a readmit on 6/11/2024 with the following diagnoses that include but not limited to multiple sclerosis, cognitive communication deficit, seizures, and hypertension.</p> <p>Review of Physician Order Report, an order dated 3/14/2024 with an end date of 6/7/2024 for Kesimpta Pen (ofatumumab) pen injector 20 mg/0.4 mg milliliters (ml) amount 20 mg subcutaneous (SQ) once a day on the 25th of the Month at 9:00 am. Review of a second order dated 6/7/2024 with an open-end date for Kesimpta Pen (ofatumumab) pen injector 20 mg/0.4 ml amount 20 mg SQ once a day on the 7th of the month at 10:00 am.</p> <p>Review of the Administration History dated 4/1/2024 through 4/30/2024, 5/1/2024 through 5/31/2024 and 7/1/2024 through 7/31/2024 revealed no evidence that Kesimpta was administered and notated as drug/item unavailable or waiting for delivery.</p> <p>Review of the (named) pharmacy history of delivery dated 1/1/2023 through 8/29/2024 revealed three late deliveries of medication for Kesimpta on 4/26/2024, and 5/30/2024, which were due on 25th of each month, and the delivery on 7/11/2024 was due on the 7th of the month. There was no evidence that the Kesimpta was delivered in June 2024.</p> <p>There was no evidence that R10 received the medication for three months, April, May and July 2024, when the pharmacy made late deliveries after the ordered due date, or that R10 received the medication during the month of June 2024 when there was no evidence that the medication was delivered at all.</p> <p>Interview on 9/3/2024 at 4:22 pm, LPN BB revealed that she did not administer the Kesimpta for April 2024 and July 2024 because it was not available on the date it was due. LPN BB also revealed that if she signed that a medication was not administered, it was because it was not available.</p> <p>(continued on next page)</p>		

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview on 9/10/2024 at 5:15 pm, the Director of Health Services (DHS) revealed that residents with specialty medications that are due monthly, the medication should be ordered prior to the injection due date.		