STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115631	A. Building B. Wing	05/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Grandview	165 Winston Drive Athens, GA 30607

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 facility's policies titled Monitoring of Antiplatelet/Anticoagulant Therapy and Care Plans, the facility failed to ensure a comprehensive person-centered care plan was developed for one of 15 residents (R) (R52) receiving anticoagulant therapy. This deficient practice had the potential to place R52 at increased risk of unmet care needs, medical complications, and a diminished quality of life. Findings include:Review of the facility policy titled Monitoring of Antiplatelet/Anticoagulant Therapy, reviewed 08/05/2025, revealed the Procedure section included, . 2. The patient/resident's interdisciplinary care plan will address antiplatelet/anticoagulant therapy and include appropriate goals and interventions to enhance desired outcomes and minimize risks of bleeding. The Antiplatelet/Anticoagulant Medications section included Eliquis as an anticoagulant. Review of the facility policy titled Care Plans, revised 10/21/2025, revealed the Policy Statement included It is 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. The admission Comprehensive Plan of Care section included, . 4. The care plan approach serves as instructions for the patient/resident's care and provides continuity of care by all partners. The Care Plan Review and Update section included, . 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. Review of the electronic medical record (EMR) revealed R52 was admitted to the facility on [DATE].Review of the annual Minimum Data Set (MDS) assessment, dated 01/05/2026, revealed that section N (Medications) documented that R52 received an anticoagulant. Review of the quarterly MDS assessment, dated 03/30/2026, revealed that section N (Medications) documented that R52 received an anticoagulant. Review of the care plan for R52 revealed no plan for anticoagulant use. Review of the diagnoses for R52 included, but were not limited to, atrial fibrillation.Review of the physician's orders for R52 included an order dated 07/23/2025 for Eliquis (apixaban) [a blood thinner medication used to prevent and treat blood clots] tablet 5 milligrams (mg) one tablet twice a day. Review of the medication administration record (MARS) dated 05/2026, 04/2026, and 03/2026 revealed that medications were administered as ordered.In an interview on 05/16/2026 at 11:55 AM, Licensed Practical Nurse (LPN) BB stated that the nurses reviewed the care plans at least weekly to see if the resident had any changes in their care. She further stated that the nurses could update the care plans as needed and that an anticoagulant should be included on the care plan to alert staff to interventions related to its use, such as bleeding or bruising. In an interview on 05/16/2026 at 12:15 PM, the MDS Coordinator confirmed the physician's order for the anticoagulant, dated 07/23/2025, for R52, and that the care plan did not address the use of an anticoagulant, and stated it should. She stated that the anticoagulant should have been added to the care plan when it was ordered by the physician, to ensure the nursing staff was aware of the interventions needed for the anticoagulant. She further (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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(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	stated that the MDS Department developed the care plans, and the nurse could update them as needed. In an interview on 05/17/2026 at 9:00 AM, the Director of Health Services (DHS) stated anticoagulants should be included on the care plan. She stated the nurse should review the care plan every day to be aware of the resident's needs. She further stated that the nurses should update the care plan when new medications such as anticoagulants were ordered, and the MDS Coordinator should update the care plan at each assessment. She stated the care plan should be updated and accurate to provide the nursing staff guidance to follow for monitoring the resident, specifically for unexplained bruising or bleeding, and to provide guidance for care, such as what type of razor to use and to use a soft toothbrush.