

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Decatur		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Panthersville Road Decatur, GA 30034	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>50524</p> <p>Based on record review and staff interviews, the facility failed to assure the correct order was on file and medical records reflect the resident's choice per the Physician Orders for Life Sustaining Treatment (POLST) for two of four Resident (R) (R13 and R90) reviewed. The sample size was 55 residents.</p> <p>Findings include:</p> <p>1. Review of the Electronic Medical Records (EMR) revealed, R13 was admitted to the facility with diagnoses that included but not limited to hypertensive heart, chronic kidney disease, heart failure, type 2 diabetes mellitus and dilated cardiomyopathy.</p> <p>Review of R13's POLST [a medical order form that helps persons who have serious illnesses make decisions about their care] dated 8/23/2024 revealed, POLST: Full Code.</p> <p>Review of R13's Physician's orders dated 2/28/2024 revealed, Code Status: Do Not Resuscitate (DNR).</p> <p>Review of R13's Face Sheet revealed, Advance directive: Full Code, Do Not Intubate (DNI).</p> <p>Interview on 1/30/2025 at 12:40 pm with the Social Services Director (SSD) CC confirmed R13's face sheet had both full code and DNI, her orders stated DNR, and the POLST stated full code. SSD CC stated, the physician's order for advance directive should be the same as the POLST, and the face sheet should align with the resident's wishes. She confirmed the advance directive for R13 was not reconciled with the physician orders.</p> <p>Interview on 1/30/2025 at 12:40 pm with the Director of Nursing (DON) confirmed R13's face sheet had both full code and DNI, her orders stated DNR, and her POLST stated full code. She stated her expectations were for the physician's order to match with the POLST documentation and the face sheet. The DON further stated if the advance directives were not reconciled the outcome would be the facility would not be honoring the residents' wishes, that orders would not be followed, and the residents would not receive the required care.</p> <p>50170</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115647	Facility ID: If continuation sheet Page 1 of 10

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the EMR revealed, R90 was admitted to the facility with diagnoses that included but not limited to Alzheimer's disease and dementia in other diseases classified elsewhere, unspecified severity, with agitation.</p> <p>Review of R90's POLST dated 8/9/2024 revealed, POLST: Allow Natural Death (AND)- Do Not Attempt Resuscitation.</p> <p>Review of R90's Physician's orders dated 1/23/2024 revealed, Code Status: Full Code.</p> <p>Review of R90's Face Sheet revealed, Advance directive: DNR.</p> <p>Interview on 1/29/2025 at 12:23 pm with SSD CC revealed, that the nurses were responsible for putting orders in on admission. SSD CC revealed, residents have general orders to be placed on full code status until it has been determined whether or not the resident was a DNR. She revealed, when R90 was readmitted to the facility from the hospital, they may not have updated the order, but she could not be certain. She revealed, she was in the process of conducting an audit to ensure that everything in the system reflects as it should. She confirmed that the resident's code status should be a DNR because she has a POLST for a DNR.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272</p> <p>Based on observations, record review, staff interviews, review of the facility policy titled, Clean Air Filters, review of manufacturer recommendations titled Amana- Packaged Terminal Air Conditioner (PTAC) Manual, and the facility policy titled, Infection Control-Housekeeping Services, the facility failed to maintain two of 67 resident rooms in a clean, sanitary manner. Specifically, the facility failed to ensure that the PTAC was maintained in a clean and sanitary manner for room [ROOM NUMBER] and failed to keep the bathroom in room [ROOM NUMBER] free of bodily fluids. These failures had the potential to compromise the health and safety of the residents sharing those rooms by increasing the risk of infection and negatively impacting their quality of life. The facility census was 130 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Clean Air Filters, documented under section titled, Building: Main Building revealed, 1. Remove or open access cover. 2. Remove air filter and inspect for cleanliness. If filter is dirty either wash or replace depending on type of filter. If clean, reinstall filter. 3. Re-install access cover. 4. Clean Grill on cover. 5. Close and make sure it is secure. 6. At minimum, air filters are to be replaced or thoroughly cleaned depending on type of filter every three months. 7. Clean evaporators coils if lint build-up is present. 8. Inspect electrical motors nad wires.</p> <p>Review of the manufacturer guidelines titled, Amana- PTAC Manual, documented under section titled Routine Scheduled Maintenance, documented, To achieve continuing top performance and high efficiency, establish a once a year cleaning/inspection schedule for the unit. Take the unit out of the sleeve and thoroughly clean and rinse. Be sure to include in the yearly cleaning the evaporator coils, and condenser coils, base pan, and drain passages. Scheduled maintenance can be accomplished by either qualified local maintenance staff or by an authorized servicer. They must follow the instructions described in this manual.</p> <p>Review of the facility policy titled, Infection Control-Housekeeping Services, revised 10/16/2023 revealed in the Policy Statement: It is the policy of this facility to ensure housekeeping services will be performed on a routine and consistent basis to ensure an orderly, sanitary, and comfortable environment.</p> <p>1. Observation on 1/28/2025 at 9:34 am in room [ROOM NUMBER] revealed, the PTAC unit had visible debris inside the unit including a dead bug.</p> <p>Observation and interview on 1/30/2025 at 9:32 am with the Housekeeping Director (HD) and Maintenance Assistant (MA) AA revealed, that the PTAC units and filters were to be cleaned every four weeks, with housekeeping assisting in this process. Both the HD and MA AA confirmed that there was a significant number of debris present in the unit.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 1/30/2025 at 9:38 am with the Maintenance Director (MD) revealed, that PTAC units were generally cleaned once a year, while the filters were cleaned monthly. MD stated that during these monthly cleanings, the entire cover was sometimes taken downstairs to be sprayed down. However, he noted that the PTAC units had not been cleaned recently.</p> <p>Interview on 1/30/2025 at 4:07 pm with the Administrator revealed, that the usual expectation was to follow the manufacturer's specifications for cleaning the units. The Administrator stated that Housekeeping was expected to clean the units when they enter the rooms. The Administrator also mentioned a potential negative outcome was if the PTAC unit is off and then turned back on, in such cases, airborne illness could be a risk, as the unit may blow debris into the room.</p> <p>38154</p> <p>2. Observation on 1/28/2025 at 11:53 am of the bathroom in room [ROOM NUMBER] revealed, a dark brown substance smeared on the inside door handle, both handrails and both door jams.</p> <p>Observation on 1/30/2025 at 9:15 am of the bathroom in room [ROOM NUMBER] revealed, the inside doorknob and both handrails were wiped down on the top surface, however the inner sides and door jams remained soiled.</p> <p>Interview on 1/30/2025 at 9:20 am with the Housekeeping Aide (HA) GG revealed, she was told the Certified Nursing Assistants (CNAs) should clean up body fluids and housekeeping should follow up and disinfect those area(s) afterward. She confirmed the presence of brown substance on the handrails, doorknob, and door jams.</p> <p>Interview on 1/30/2025 at 9:25 am with CNA HH revealed, the nursing staff should clean up body fluids and housekeeping should follow up to disinfect the area.</p> <p>Observation and interview on 1/30/2025 at 10:00 am with the Housekeeping Manager, confirmed the presence of brown substance on both inside surfaces of both handrails and doorknob as well as the door jams. He stated the nursing staff should clean up bodily fluids and his staff should follow up to disinfect the areas. He stated the housekeeping staff could wipe down the areas identified, and he considered that within their scope of duties. He stated he would attend to the areas identified.</p> <p>Observation and interview on 1/30/2025 at 3:57 pm with Licensed Practical Nurse (LPN) JJ, confirmed the presence of a brown substance on the right handrail in the room [ROOM NUMBER] bathroom. She also confirmed the nursing staff should clean the spillage of bodily fluids and call housekeeping to disinfect those surfaces.</p> <p>Interview on 1/30/2025 at 6:53 pm with the Director of Health Services (DHS) revealed, the nursing staff should clean up spills and leakage of bodily fluids as soon as possible and housekeeping should disinfect those areas when called.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50170</p> <p>Based on record review and staff interview, the facility failed to submit for a Preadmission Screening and Resident Review (PASARR) Level II after a new mental illness diagnosis was added for one of one resident (R) (R10) reviewed for PASARR. This deficient practice had the potential to affect the appropriate level of care and services provided for R10.</p> <p>Findings include:</p> <p>Review of R10's Electronic Medical Records (EMR) revealed, he admitted on [DATE] and received diagnoses that include but are not limited to bipolar disorder, current episode manic without psychotic features with diagnosed date of 6/30/2021; major depressive disorder, anxiety disorder, and post-traumatic stress disorder (PTSD) with diagnosed date of 4/22/2020.</p> <p>Review of R10's most recent Significant Change in Status Minimum Data Set (MDS) dated [DATE] revealed: Section A- Identification Information: no PASRR Level II; Section C-Cognitive Patterns: Brief Interview of Mental Status (BIMS) score of 99, indicating resident was unable to complete.</p> <p>Review of R10's care plans included but not limited to: Psychotropic Drug Use: Resident receives antidepressant medication (Sertraline once at bedtime) R/T (related to) dx (diagnosis) of Major Depression, Anxiety and PTSD with risk of adverse side effects with problem start date of 4/23/2020.</p> <p>Review of R10's medical record revealed a pending PASRR Level I dated 4/22/2020, however there was no primary diagnosis of serious mental illness, developmental disability, or related condition indicated.</p> <p>Interview on 1/29/2025 at 11:55 am with Social Service Director (SSD) CC confirmed R10 did not have a PASARR Level II completed. She verified R10 was admitted and received qualifying diagnoses in 2020. She stated that she was responsible for making the referrals to the appropriate state-designated authority when a resident was identified as having an evident or possible MD (mental disorder), ID (intellectual disability) or related condition. She revealed, once she is made aware that a resident was identified as having a newly evident or possible MD, ID or a related condition after admission, it was still her responsibility to refer the resident for PASARR Level II evaluation. She confirmed that the current diagnoses for R10 required a PASARR Level II to be completed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524</p> <p>Based on observations, record review, staff interviews, and review of the facility's policies titled, Labeling, Dating, and Storage and Foodborne Illness, the facility failed to dispose of expired food items in the kitchen. The deficient practice had the potential to affect the 124 residents (R) receiving food from the kitchen. The facility's census was 130.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Labeling, Dating, and Storage revised [DATE] documented under Policy Statement: It is the policy of [name of facility] for all partners who assist in handling, preparing, serving, and storing food and beverage items to follow the proper procedures for labeling, dating, and storage to ensure proper food safety.</p> <p>Review of the facility's policy titled Foodborne Illness reviewed [DATE] documented under Procedure: 2. Foods will be used before the expiration date, use by date, best by date, and sell by date, indicated on the food item. Foods not used prior to the expiration date, use by date, best by date, or sell by date must be discarded.</p> <p>Observation on [DATE] at 9:20 am during initial tour of the dry storage pantry in the kitchen with the Dietary Manager (DM) revealed there were expired items in the dry storage pantry. The expired items included four one-gallon bottles of [name of water] water which expired [DATE], and 24 bottles of [name of water] distilled water which expired [DATE].</p> <p>Observation on [DATE] at 9:35 am during the initial tour of the kitchen with the DM, the walk-in freezer was examined and there were four packs of [name of product] eight variety pack donuts which expired [DATE].</p> <p>Observation on [DATE] at 9:45 am during the initial tour of the kitchen with the DM revealed there were expired items on a shelved area in the kitchen. The items were:</p> <p>One bottle ground thyme expired [DATE].</p> <p>One bottle sesame seed expired [DATE].</p> <p>One bottle sriracha seasoning expired [DATE].</p> <p>One bottle poultry seasoning expired [DATE].</p> <p>One bottle paprika seasoning expired [DATE].</p> <p>One bottle crushed red pepper seasoning expired [DATE].</p> <p>One bottle whole celery seed expired [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 1:40 pm with the DM revealed she confirmed there were expired food items in the kitchen. She stated there should not be expired food items in the kitchen. She further stated it was not good or proper to have expired food items in the kitchen. She stated she expected all expired food items in the kitchen be removed before they expire. The DM stated expired items must not be served to the residents and the outcome if expired food items were served to the residents would be the potential for the residents to get sick.</p> <p>Interview on [DATE] at 8:50 am with the Director of Nursing (DON) revealed she stated her expectations were for expired food items to be removed from the kitchen. She stated that audits were to be done and food items which were found in the kitchen should be removed and disposed of. She stated the outcome if expired supplies and food supplies were not disposed of and removed from the kitchen would be the residents could get sick and have a negative reaction from the expired food items.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524</p> <p>Based on observations, record review, staff interviews, and review of the facility's policies titled, Infection Prevention-Hand Hygiene, Handwashing and Enhanced Barrier Precautions (EBP), the facility failed to place one of 19 residents (R) (R88) with wounds on EBP and failed to perform hand hygiene while serving meals in the dining room. The deficient practices had the potential to cause infection for R88 and other facility residents. The facility census was 130.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Infection Prevention-Hand Hygiene revised 10/15/2024 documented under Policy Statement: [name of facility] partners will improve hand hygiene practices and reduce Healthcare Associated Infections (HAIs) . D. Indications Requiring Hand Wash or Hand Rub 1. Before and after contact with the resident. 8. After contact with inanimate objects (i.e., including medical equipment) in the immediate vicinity of the resident. 9. Passing meal trays to residents.</p> <p>Review of the facility's policy titled Handwashing reviewed 10/9/2023 documented under Policy Statement: It is the policy of [name of facility] that partners will clean their hands by either using soap and water or antiseptic hand sanitizer. Cleaning your hands reduces the spread of germs and decreases the spread of infections .under Procedure: When to perform Hand Hygiene: Before and after any direct patient skin contact, after any contact with objects/medical equipment in the vicinity of the patient.</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions (EBP) documented under Policy Statement: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.2. Initiation of Enhanced Barrier Precautions: . i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) .even if the resident is not known to be infected or colonized with a Multi- Drug Resistant Organisms (MDRO).4. High-contact resident care activities include: . h. Wound care: any skin opening requiring a dressing.</p> <p>1. Observation on 1/29/2025 at 12:30 pm revealed Licensed Practical Nurse (LPN) JJ was not practicing hand hygiene while assisting residents with their meals in the dining room. LPN JJ did not sanitize her hands after pushing a resident's wheelchair and before opening a condiment and sweetening coffee for another resident.</p> <p>Review of the facility's in-service signing sheets from January 2024 to December 2024 documented in-service was provided on hand washing in July 2024.</p> <p>Interview on 1/29/2025 at 1:28 pm with LPN JJ confirmed she did not sanitize her hands after pushing a resident's wheelchair and before opening a condiment and sweetening coffee for another resident. She stated she should have sanitized her hands after pushing the wheelchair and before assisting another resident with their meal. LPN JJ stated when she did not sanitize her hands, the residents could get infections, and they could get sick.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 1/29/2025 at 2:00 pm with the Dietary Manager (DM) revealed she stated proper hand washing is to be performed when in contact with each resident and/or the residents' belongings, before serving meals to the residents and when going from one dining table to another to assist the residents. She stated the staff in the dining room were also to sanitize their hands before serving or assisting the residents and before attending to another resident. She stated if the staff did not perform proper hand hygiene the outcome could be cross contamination, and germs could be transmitted to the residents.</p> <p>Interview on 1/29/2025 at 2:22 pm with Dietary Supervisor KK revealed he stated staff should sanitize their hands before attending to the residents, before going to the residents' tables, and before assisting another resident. He stated if staff did not sanitize their hands, the residents could get sick from germs.</p> <p>Interview 1/29/2025 at 5:32 pm with the Clinical Competency Coordinator (CCC) revealed the staff received in-service on hand hygiene.</p> <p>Interview on 1/30/2025 at 8:45 am with Certified Nursing Assistant (CNA) MM, she stated hand sanitization should be done between contact with residents and during mealtimes.</p> <p>Interview on 1/30/2025 at 8:50 am with the Director of Nursing (DON) revealed her expectations were for the staff to sanitize their hands while serving meals and or assisting the residents with their meals. She stated if staff did not sanitize their hands the outcome would be the transmission of germs from one resident to another and the residents could get sick.</p> <p>2. Review of the facility's electronic medical records (EMR) documented R88 was admitted to the facility with diagnosis included but not limited to stage 2 pressure ulcer of the sacral region.</p> <p>Review of R88's annual Minimum Data Set (MDS) dated [DATE] documented in Section C (Cognition) a Brief</p> <p>Interview for Mental Status (BIMS) score of 3, which indicated R88 had severely impaired cognition, and in Section M (Skin Condition) documented a Stage 2 pressure ulcer, required pressure reducing device for bed and pressure ulcer/injury care.</p> <p>Review of R88's care plan dated 12/2/2024 included but not limited to Problem area: sacral wound, pressure Injuries. Goal: Area to be decreased in size by next review. Approach: Treatment per medical doctor order, turn and position at intervals, incontinent care provided as needed by staff.</p> <p>Review of the Physician's Orders for R88 dated 12/2/2024 included but not limited to Treatments: Clean sacral wound with n/s (normal saline) or w/c (wound cleanser), pat dry then apply skin prep around peri (genital area) wound then apply honey then cover with a foam pad q (every) Monday and Thursday Once A Day on Mon (Monday), Thu (Thursday) 5:00 am - 11:00 pm. There was no order found for EBP for R88.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Weekly Wound Observation Note dated 1/24/2025 for R88 documented Continue present treatment to open area to sacral [sic]. Area is old scar tissue [sic] that has reopened. Tissue is pink and moist. Edges open and attached. No odor or drainage, Resident is on a pressure reduction mattress to help relieve pressure. Turned and repositioned at intervals. Incontinent care provided by staff as needed. No distress noted. Hospice care continues.</p> <p>Observation on 1/30/2025 at 4:28 pm revealed Certified Nursing Assistant (CNA) LL performing peri-care to R88. CNA LL called Wound Care Nurse (WCN) DD to come and dress R88's sacral pressure ulcer wound because it was soiled and coming loose. Observation revealed CNA LL and WCN DD were not wearing gowns while performing peri-care and wound care to R88.</p> <p>Interview on 1/30/2025 at 4:52 pm with CNA LL revealed she stated R88 was not on EBP, so she was not wearing a gown while in contact with R88.</p> <p>Interview on 1/30/2025 at 4:56 pm with WCN DD revealed she stated R88 was not on EBP. She further stated that according to the infection control nurse, residents who were placed on EBP were at the discretion of the facility.</p> <p>Interview on 1/30/2025 at 7:09 pm with the Clinical Competency Coordinator (CCC) revealed she confirmed R88 had a stage two pressure ulcer wound and was not on EBP. She stated residents were placed on EBP at the discretion of the facility. She stated residents with wounds were also placed on EBP at the discretion of the facility.</p> <p>Interview on 1/30/2025 at 7:11 pm with Assistant Director of Nursing (ADON) revealed she confirmed R88 had a stage 2 pressure ulcer wound and was not on EBP. She further stated that residents were placed on EBP at the discretion of the facility and residents with wounds were placed on EBP at the discretion of the facility. The ADON stated if residents with wounds who needed to be on EBP and were not placed on EBP, the outcome would be the residents could get infections when staff do not wear appropriate PPE (personal protective equipment) and they could transfer germs from one resident to others.</p>		