

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 03/04/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and staff interviews, the facility failed to protect clean linen from cross-contamination. This deficient practice had the potential to affect two of two floors. The census was 135 residents. Findings include:</p> <p>Observation and interview on 03/02/2026 at 1:32 PM with Laundry Aide WW revealed Laundry Aid WW delivering clothes on a partially covered laundry cart. She confirmed that she was delivering to the first floor and acknowledged that she should be utilizing the transportation cart that was enclosed. However, she opted to use the laundry sorting cart due to concerns regarding her back, as it was difficult for her to push. Laundry Aid WW also noted that she should have had the cart covered.</p> <p>Interview on 03/04/2026, at 6:11 PM with the Environment Manager revealed that the expectations for laundry were that it should be delivered in a timely manner, properly covered, and without any additional items on the cart. The Environment Manager explained that there were four laundry transportation units, with two assigned to each floor, and each unit has designated numbers for room identification. He confirmed that there was only one laundry staff member responsible for deliveries. The Environment Manager emphasized that it was not his expectation for clothes to be transported uncovered, as this posed an infection control issue and items were not isolated.</p> <p>Observation on 03/04/2026 at 5:10 AM revealed a cell phone in the clean linen cart.</p> <p>Interview on 03/04/2026 at 5:15 AM with Certified Nursing Assistant (CNA) RR confirmed her phone was in the linen cart and should not be there. When asked what the consequences were of having personal items in the clean linen cart, she stated cross contamination.</p> <p>Interview on 03/04/2026 at 5:45 PM with the Director of Health Services and Administrator revealed that personal items left on clean linen carts were not acceptable. Nothing personal should be in the clean linen cart, and a potential negative impact of personal items in a clean linen cart could impact infection control.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations and staff interviews, the facility failed to store potentially hazardous chemicals so that they were not accessible to cognitively impaired residents. Specifically, a can of cleanser powder was left on a handrail accessible to residents on the first floor. Findings include:</p> <p>Observation on 03/04/2026 at 5:28 AM of the second-floor hallway revealed a 21 ounce can of 'name brand' cleanser deodorizing powder placed on the handrail by a resident's room with no staff or housekeeping cart in sight.</p> <p>Interview on 03/04/2026 at 5:31 AM with Licensed Practical Nurse (LPN) SS confirmed the can of powder was in the hallway and that it should not be there. She stated she was not sure why it was left there. When asked about the consequences of leaving chemicals in the hallway, she stated that a resident could swallow it.</p> <p>Interview on 03/04/2026 at 5:45 PM with the Director of Health Services and the Administrator revealed that chemicals should not be left in the hallway and should be in a locked area for the health and safety of staff and residents. When asked about the situation regarding chemicals left in the hallway unsupervised, they stated that it should not have happened and possible negative outcomes were that the substance could be poisonous and could lead to death if a resident ingested it.</p>

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<p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, and record review, the facility failed to provide dignity to one of two residents (R) (R88) with an indwelling catheter urinary bag. This deficient practice had the potential to cause emotional distress to R88. Findings include: The facility does not mention covering the indwelling urinary bag in either their resident rights policy or the indwelling catheter policy. Review of the electronic medical record (EMR) revealed R88 was admitted to the facility with pertinent diagnoses including but not limited to hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, type 2 diabetes mellitus without complications, epilepsy, without status epilepticus, hyperlipidemia, contracture of the left hand, receptive-expressive language disorder, dysphagia (swallowing problems). A review of R88's Minimum Data Set (MDS) assessment revealed that one had not been completed for this current admission. Review of the Care Area Assessment (CAA) on the annual/significant change MDS dated [DATE] indicated R88 was identified with problems with communication, activities of daily living (ADLs), an indwelling catheter, dental care, and a pressure ulcer. Review of R88 care plan dated 01/05/2026 indicated a problem with an Indwelling Catheter and an antibiotic (ABT) for prophylaxis against urinary tract infection. Interventions included, but not limited to ABT, will be administered as prescribed, as ordered, and fluid will be encouraged as tolerated. Review of the Physician's Orders for R88 included, but was not limited to: Catheter care every shift Catheter 16Fr. (French-catheter size) 10cc (cubic centimeter) bulb Review of the EMR revealed R88 had a suprapubic catheter insertion on 02/19/2026. Observation and interview on 03/01/2026 at 12:30 PM with R88 revealed that the resident had a brace for his left hand and arm, he denied knowing where it was, and he refused to wear it most of the time. His urinary catheter bag was visible from the hall and was not covered with a privacy cover. Observation on 03/01/2026 at 1:29 PM of R88's urinary catheter bag revealed that it lacked a privacy cover and was visible from the hall. Observation made on 03/01/2026 at 4:02 PM of R88 revealed his urinary catheter bag with what looked like an attempt to cover the bag, but the cover was just hanging on the bed frame, and the urine bag was not in it or covering the bag. The urinary bag was still visible from the hallway. An interview on 03/01/2026 at 4:10 PM with Certified Nursing Assistant (CNA) BB revealed /confirmed that R88's urinary catheter bag was not properly covered. An interview on 03/04/2026 at 12:30 PM with the Director of Nursing (DON) revealed/confirmed that R88's foley bag came from the hospital without a cover. We had to put a cover on it. The DON's expectations for resident rights and privacy were that residents' rights always be honored. An interview on 03/04/2026 at 7:10 PM with the Administrator revealed expectations were that resident rights always came first.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on resident, resident family and staff interviews, record review, and review of the facility policy titled, Reporting Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, the facility failed to report an allegation of verbal abuse by a staff member to the State Survey Agency (SSA) for one of 50 sampled residents (R) (R144). The deficient practice had the potential for the alleged abuse to continue and to affect other residents. Findings include: Review of the facility policy titled Reporting Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property revised 10/20/2025 revealed under Policy Statement: It is the policy of 'name of corporation' and its affiliated entities (collectively, the Organization) to comply with all applicable federal and state requirements regarding the reporting of patient abuse, neglect, exploitation, mistreatment, and misappropriation of property. Under Policy: 2. In accordance with applicable laws and regulations, the Administrator or his or her designee should notify the appropriate state agency (or agencies), the patient's attending physician, and the patient's designated representative of any allegation or incident described above and of the pending investigation. The state survey agency and the state agency for adult protective services should be notified in accordance with state law through established procedures of any allegations of abuse, neglect, exploitation or mistreatment, including injuries of an unknown source and misappropriation of patient property, within 2 hours after the allegation is made. If the events upon which the allegation is based involve abuse or result in serious bodily injury, report not later than 24 hours of being notified of the allegation. The Ombudsman should also be notified as required by state law. The Administrator or designee should direct an investigation into the allegation or incident. Interview on 03/1/2026 at 4:03 PM with Family of R144 revealed R144 was currently hospitalized. R144 telephoned her family member to report she overheard a Nurse comment an intent to slap someone as the Nurse was leaving R144's room following a request for her evening medications. R144's family member stated he came to the facility after hearing his mother's concerns and asked the facility staff why they had not notified the police regarding the alleged threat. The family member revealed that the Nurse who fielded his initial report did not act and told him he was getting ready to go home. The family member filed a police report on his mother's behalf the same evening. R144's family member further stated the facility would not release the name of the staff member who vocalized the threat nor provided any feedback regarding the abuse allegation, to date. R144 discharged from the facility in late December 2025. Review of a formal Grievance R144 filed on 12/15/2025 revealed the facility confirmed R144 reported a Nurse walked out after R144 requested evening medications and overheard the Nurse make a statement, I'm not going back in there. I may have to slap someone. On 12/17/2025, the facility documented the occurrence as a Customer Service matter and removed the Nurse from R144's assignment and listed an expectation for staff to attend inservices (training) for Good Customer Service. The facility did not file a report with the SSA nor completed an investigation to ensure R144 and other residents were free from abuse. Interview on 03/03/2026 at 12:31 PM with Certified Nursing Assistant (CNA) XX revealed the abuse reporting protocol of an alleged or real abuse occurrence; including verbalized threats included reporting of the allegation or incident occurrence to her supervisor and the facility Administrator, who was the Abuse Coordinator. The facility had two hours to report the occurrence to the SSA. CNA XX stated the facility held frequent educational trainings regarding abuse reporting including extensive online training and continuing education. Interview on 03/03/2026 at 12:38 PM with the Social Services Director (SSD) and Senior Care Coordinator confirmed the facility did make a police report on R144's behalf after verifying R144's concerns. Real or perceived allegations of abuse, including verbal threats, should be reported immediately, to include an abuse investigation. Interview on 03/03/2026 at 2:29 PM with the Administrator revealed the Administrator interpreted allegations of abuse, real or perceived, as reportable matters. If staff didn't (continued on next page)</p>		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	report, they were culpable. The Administrator stated she always reported abuse occurrences, real or perceived to police and secured a case number from law enforcement. Additionally, a resident's Responsible Party and Physician, and the Long-Term Care Ombudsman were notified regarding occurrences.		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to ensure the need of a Level II Preadmission Screening and Resident Review (PASARR) for evaluation and determination for specialized services were offered to meet resident needs for one of 50 sampled residents (R)(R14). The deficient practice had the potential for R14's needs and services to go unmet. Findings include: PASARR/Level II policy requested but was not received as it was reported that the facility does not have a policy related to PASARR/Level II. Review of electronic medical record (EMR) for R14 revealed diagnoses of but not limited to bipolar disorder, current episode manic without psychotic features, unspecified, major depressive disorder, recurrent, unspecified, anxiety disorder, unspecified, post-traumatic stress disorder (PTSD), unspecified, accidental discharge from unspecified firearms or gun, sequela (a condition which is the consequence of a previous disease or injury). Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] for R14 revealed he was admitted to the facility on [DATE]. Section A (Identification) revealed R14 had not been evaluated for a Level II PASARR. Further review of the MDS revealed section E (Behaviors): Behavior exhibited. Review of Care Plan dated 04/23/2024 for R14 revealed Problem: Resident is at risk for impaired Psychosocial wellbeing r/t (related to) difficulty expressing self due to hx (history) CVA (cerebral vascular accident-stroke). Approach: Assess for mood/behavior problems. Review of Georgia PASRR Level II referral cancellation notice dated 03/18/2025 revealed this member had been cancelled because the referring facility failed to provide Medication List Needed to Complete Level II Assessment. During an interview on 03/04/2026 at 9:40 AM, the Social Services Director (SSD) indicated that R14 was admitted with a level one PASARR. Considering the diagnoses of anxiety, schizophrenia, PTSD and bipolar disorder, it was concluded that a level two PASARR should have been performed within 30 days of admission. The SSD confirmed that R14 should have been screened for level two; however, his admission took place before she was onboarded at the facility. The SSD shared that she would reach out to the care line to check if a summary could be provided to determine whether the screening was completed prior to this date and/or to conduct a level two PASARR. Furthermore, the SSD mentioned that she had just completed a PASARR audit on Monday, and R14 was not included in the list. The SSD provided results indicating that R14's PASARR was denied because the previous SSD failed to submit the necessary documentation. An interview conducted on 03/04/2026 at 5:03 PM with the Director of Nursing (DON) and the Administrator disclosed that they assumed that R14's PASARR II was performed by the SSD. The DON indicated that upon reviewing R14's medical records, it was evident that R14 qualified; however, she was uncertain as to why he was screened. The DON confirmed that the assessment was carried out at the time of admission, with consent obtained from the family, and that 'name of mental health provider' was contacted.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policies titled Care Plans, the facility failed to add indwelling urinary catheter irrigation to the care plan for one of 50 sampled residents (R) (R51). This deficient practice had the potential to cause errors in care and omission of service ordered by the physician. Findings include: Review of the facility's policy titled Care Plan, revised 10/21/2025, Section 3 under the comprehensive care plan should describe the following: The services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Review of R51 care plan dated 12/10/2025 indicated a problem of an indwelling catheter related to neurogenic bladder, BPH, and urinary retention. Interventions included, but not limited to, R51's spouse prefers urinary catheter to be changed at the urologist's office monthly and not the facility. Administer cranberry supplement for UTI (urinary tract infection) prophylaxis as ordered. Keep the catheter tubing free of kinks. Keep the drainage bag below the bladder level. Prevent tension on the urinary meatus from the catheter. Provide catheter care per policy. There is no mention of irrigating the urinary catheter. Review of the Physician's Orders for R51 included, but was not limited to: Irrigate the suprapubic catheter with 50cc (cubic centimeters) of normal saline every shift. An interview on 03/04/2026 at 11:25 AM with the MDS Coordinator revealed that she communicated with the IDT (interdisciplinary team) in morning meetings about changes to orders or residents' status and she should have been informed of the urinary catheter irrigation order so she or one of the unit nurses could add it to the care plan. An interview on 03/04/2026 at 3:40 PM with the Director of Nursing (DON) revealed expectations for care plan changes were either the Charge Nurse, Unit Manager, or MDS Coordinator should make the changes as soon as ordered. An interview on 03/04/2026 at 7:10 PM with the Administrator revealed that the MDS department stated they were caught up with the MDS's and the care plans at the last morning meeting, but that was not accurate.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and record review, the facility failed to ensure two of 50 sampled residents (R) (R13 and R38) received timely incontinence care and failed to provide sterile catheter irrigation and follow the irrigation procedure for one of 50 sampled residents (R) (R51). The deficient practices had the potential to affect resident's skin integrity and increase the potential for urinary tract infections (UTI). Findings include:</p> <p>A policy regarding incontinence care was requested but the facility did not submit one.</p> <p>Review of the facility's policy titled Clinical Procedure: Indwelling Catheter-Irrigation, revised 2025, printed from Relias education, Section Pre-Procedure: gather and set up supplies, clean and sterile gloves, Sterile irrigation set and syringe (60ml [milliliter]), Sterile normal saline, sterile protective cap for drainage tubing.</p> <p>1. Review of the electronic medical record (EMR) revealed R13 was admitted to the with pertinent diagnoses including but not limited to Alzheimer's disease, encounter for palliative care, hypertensive heart and chronic kidney disease without heart failure, stage 4 chronic kidney disease, and dementia.</p> <p>Review of R13 annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview Mental Status (BIMS) score for R13 was not considered due to resident is rarely/never understood. Section GG, Functional Status, revealed R13 was dependent on assistance for activities of daily living (ADLs). Section H, Bladder and Bowel, revealed R13 is always incontinent of bladder and bowel.</p> <p>Review of R13's care plan indicated a problem regarding ADLs and R13 has self-care deficient of ADLs related to poor cognition/dementia, incontinence and generalized weakness. Goals included having all needs met with dignity. Interventions included but not limited to incontinent care after each incontinent episode.</p> <p>Further review of R13s care plan revealed a focus of pressure injuries. Goals included to minimize the risk of developing impaired skin. Interventions included but not limited to keep resident clean and dry as possible and to minimize exposure to moisture and provide incontinence care after each incontinent episode.</p> <p>Review of R13's care plan indicated a problem regarding urinary incontinence. Goals included R13 being kept clean and dry and dignity maintained. Interventions included but not limited to changing soiled clothes promptly and provide incontinent care after each episode.</p> <p>Observation on 03/01/2026 at 1:51 PM in R13's room revealed a smell of urine upon entering the room.</p> <p>Interview and observation on 03/01/2026 at 2:00 PM in R13's room with Certified Nursing Assistant (CNA) OO confirmed that R13 smelled of urine. When asked when R13's last change was, she stated 7:00 AM this morning and added that she was trying her best to get to everyone. When asked how many residents she was responsible for herself, she stated 14 residents. CNA OO left the room without addressing the smell of urine. (continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/03/2026 at 11:49 AM revealed R13 was asleep. There was an incontinence brief at the foot of the bed.</p> <p>Interview with CNA PP on 03/03/2026 at 12:00 PM revealed R13 was last changed between 7:30 AM and 8:00 AM. CNA PP did not change R13 after interview.</p> <p>Observation on 03/04/2026 at 5:20 AM in R13's room revealed a smell of urine.</p> <p>Interview on 03/04/2026 at 6:03 AM with CNA QQ revealed she was responsible for 18 residents and sometimes 24 if there were three CNAs working. She stated that it was hard to care for all the residents, but she did the best that she could and changed all her residents before she left her shift. She stated that she changed her residents every two hours. She confirmed R13 smelled of urine, and R13's brief was wet with urine. She stated that R13 was last changed around 3:00 AM.</p> <p>Interview on 03/04/2026 at 5:45 PM with the Director of Health Services and the Administrator revealed that if a resident smelled like urine, staff had to intervene and determine if they were being left in the urine for too long without being changed. They stated that residents should be checked on to be changed every two hours and as needed and a possible negative consequence of incontinence care not being provided timely could be affected skin integrity.</p> <p>Review of the EMR revealed R38 was admitted with pertinent diagnoses including but not limited to relapsing-remitting multiple sclerosis, muscle weaknesses, retention of urine, and unsteadiness on feet.</p> <p>Review of R38's annual MDS assessment dated [DATE] revealed a BIMS score of 15, which indicates R38 was cognitively intact. Section GG, Functional Status, revealed R38 requires substantial/maximal assistance for toileting/hygiene. Section H, Bladder and Bowel, revealed R38 is always incontinent of bladder and bowel.</p> <p>Review of R38's care plan indicated a problem regarding ADLs due to decline related to multiple sclerosis (MS). Goals included ADLs needs will be met and independence potential maximized within constraints of disease.</p> <p>Review of R38 care plan indicated a problem regarding urinary incontinence, that R38 has a diagnosis of MS and urinary retention with straight catheter use, and she is incontinent and needs assistance peri care (cleaning and maintenance of the genital and anal regions). Goals included assistance with toileting and for her skin to remain intact. Interventions include but not limited to offer peri care before leaving the room and getting in or out of bed as well as provide incontinent care after each incontinent episode.</p> <p>Review of Physician's Orders for R38 included but not limited to an order dated 12/05/2024 for cranberry extract 200 mg (milligram) capsule, once a day with instruction for urinary tract infection (UTI) prevention.</p> <p>Review of a Grievance Form dated 01/19/2026 revealed R38 stated to the Social Worker that on 12/26/2025 and 12/27/2025 she did not get changed at all from 11:00 PM to 7:00 AM and was finally changed at 9:00 AM.</p> <p>Review of a Grievance Form dated 02/13/2026 revealed R38 expressed concern that she was spoken (continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to in a disrespectful manner when requesting care. A statement from CNA TT regarding this grievance revealed that R38 pressed her call light on at 11:20 PM and stated to CNA TT that she needed to be changed. The CNA responded to R38's request that the shift was changing to the 11:00 PM to 7:00 AM shift, that there were only two CNAs on the hall/floor, and they were waiting for the other CNAs on schedule to arrive and they would assist once everyone arrived. CNA TT statement further documented that she explained to the CNA coming on the shift that R38's call light was on and she needed to be changed. Further review of the statement revealed the CNA started rounds at 1:00 AM on the other end of the hall and did not start with R38's need.</p> <p>Interview on 03/02/2026 at 2:00 PM with the resident council with five members who were cognitively intact in attendance revealed the following concerns: Staff did not always keep residents clean and healthy and residents did not receive attention needed due to lack of staff. Residents were not being taken out of room or gotten out of bed and there were delays in changing residents. Residents suffered due to lack of staff. They brought this to Administration and were told, We got the grievance, we're working on it. When asked if there had been any improvement, they stated there had only been improvement in staff attitudes; Call lights were not answered timely, one resident stated that she waited 1 hour and 15 minutes to be changed and also had to wait until the next shift to be changed. Another resident stated that he waited 3 hours to be changed. Wait times were worse on nights and weekends.</p> <p>Interview and observation on 03/04/2026 at 08:46 am with R38 revealed that she had not been changed since 3:00 AM. R38 stated that she was wet and would probably not be changed until 9:00 AM or 9:30 AM.</p> <p>2. Review of the EMR revealed R51 was admitted to the facility with pertinent diagnoses including but not limited to multiple sclerosis, diabetes type 2, flacid hemiplegia affecting the left nondominant side, depression, muscle spasms, chronic pain, and neurogenic bladder.</p> <p>Review of R51's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated R51 was cognitively intact. Section GG, Functional Status, revealed R51 required extensive assistance for activities of daily living (ADLs) with two or more-person assistance. Section H, Bladder and Bowel, R51 has a suprapubic urinary catheter and is incontinent of bowel.</p> <p>Review of R51 care plan dated 12/10/2025 indicated a problem of an indwelling catheter related to neurogenic bladder, BPH (benign prostatic hyperplasia), and urinary retention. Interventions included, but not limited to, R51's spouse prefers urinary catheter to be changed at the urologist's office monthly and not the facility. Administer cranberry supplement for UTI prophylaxis as ordered. Keep the catheter tubing free of kinks. Keep the drainage bag below the bladder level. Prevent tension on the urinary meatus from the catheter. Provide catheter care per policy.</p> <p>Review of the Physician's Orders for R51 included but was not limited to: Irrigate the suprapubic catheter with 50cc (cubic centimeters) normal saline every shift. Foley catheter to be replaced monthly at MD (medical doctor) office except for emergencies on the 17th of the month.</p> <p>Observation and interview on 03/02/2026 at 2:15 PM with R51 revealed that he had a suprapubic urinary catheter, which was changed once a month at his urologist's office, and had missed appointments with his urologist due to transportation issues arranged by the facility. He and his spouse now pay out of pocket for non-emergency transportation. (continued on next page)</p>		

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 03/04/2026
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.			
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/02/2026 at 3:00 PM in R51's room revealed on the resident's nightstand: 2 catheter tip syringes in bags labeled tube feeding syringe, a large bottle, and a small bottle of normal saline, both opened. The syringes were not sterile, and there was no date indicating when or how old the normal saline or the syringes were. The resident stated that it was for irrigating his catheter every shift.</p> <p>Interview on 03/02/2026 at 3:30 PM with Licensed Practical Nurse (LPN) II confirmed that the catheter-tipped syringes and saline on R51's nightstand were for irrigating his catheter. She stated that was all they had to irrigate his catheter with. Then, at 3:45 PM, LPN II stopped me in the hall and showed me a 10ml (milliliter) prefilled sterile syringe of sterile normal saline, used to flush intravenous catheters, and stated that it was what she used to flush R51's catheter. The syringe has a Luer-Lok tip and would not fit a catheter.</p> <p>Interview on 03/04/2026 at 12:30 PM with the Director of Nursing (DON) revealed she expected that catheter irrigation be done in a sterile fashion.</p> <p>Interview on 03/04/2026 at 7:10 PM with the Administrator revealed that resident care comes first and that she expected procedures to be followed as policy.</p> <p>2. Review of the EMR revealed R51 was admitted to the facility with pertinent diagnoses including but not limited to multiple sclerosis, diabetes type 2, flacid hemiplegia affecting the left nondominant side, depression, muscle spasms, chronic pain, and neurogenic bladder.</p> <p>Review of R51's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated R51 was cognitively intact. Section GG, Functional Status, revealed R51 required extensive assistance for activities of daily living (ADLs) with two or more-person assistance. Section H, Bladder and Bowel, R51 has a suprapubic urinary catheter and is incontinent of bowel.</p> <p>Review of R51 care plan dated 12/10/2025 indicated a problem of an indwelling catheter related to neurogenic bladder, BPH (benign prostatic hyperplasia), and urinary retention. Interventions included, but not limited to, R51's spouse prefers urinary catheter to be changed at the urologist's office monthly and not the facility. Administer cranberry supplement for UTI prophylaxis as ordered. Keep the catheter tubing free of kinks. Keep the drainage bag below the bladder level. Prevent tension on the urinary meatus from the catheter. Provide catheter care per policy.</p> <p>Review of the Physician's Orders for R51 included but was not limited to: Irrigate the suprapubic catheter with 50cc (cubic centimeters) normal saline every shift. Foley catheter to be replaced monthly at MD (medical doctor) office except for emergencies on the 17th of the month.</p> <p>Observation and interview on 03/02/2026 at 2:15 PM with R51 revealed that he had a suprapubic urinary catheter, which was changed once a month at his urologist's office, and had missed appointments with his urologist due to transportation issues arranged by the facility. He and his spouse now pay out of pocket for non-emergency transportation.</p> <p>Observation on 03/02/2026 at 3:00 PM in R51's room revealed on the resident's nightstand: 2 catheter tip syringes in bags labeled tube feeding syringe, a large bottle, and a small bottle of normal saline, both opened. The syringes were not sterile, and there was no date indicating when or how old the normal saline or the syringes were. The resident stated that it was for irrigating his catheter every (continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>shift.</p> <p>Interview on 03/02/2026 at 3:30 PM with Licensed Practical Nurse (LPN) II confirmed that the catheter-tipped syringes and saline on R51's nightstand were for irrigating his catheter. She stated that was all they had to irrigate his catheter with. Then, at 3:45 PM, LPN II stopped me in the hall and showed me a 10ml (milliliter) prefilled sterile syringe of sterile normal saline, used to flush intravenous catheters, and stated that it was what she used to flush R51's catheter. The syringe has a Luer-Lok tip and would not fit a catheter.</p> <p>Interview on 03/04/2026 at 12:30 PM with the Director of Nursing (DON) revealed she expected that catheter irrigation be done in a sterile fashion.</p> <p>Interview on 03/04/2026 at 7:10 PM with the Administrator revealed that resident care comes first and that she expected procedures to be followed as policy.</p>		

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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>Based on observations, staff interviews, and review of the facility policy titled, Medication Storage in Healthcare Center, the facility failed to ensure one of two medication carts on the first floor was locked. The deficient practice had to potential for items in the unlocked medication cart to be accessible to residents, staff and visitors. Findings include: Review of the facility policy titled Medication Storage in Healthcare Centers revised 11/11/2025 revealed in the Policy Statement medications and biologicals are stored safely, securely and properly following manufacturer's recommendations or those of the supplier. Procedures revealed: .2. Only licensed nurses, certified medication aides, and the pharmacy personnel are allowed access to medications. Respiratory Therapists may access medications used in the provision of respiratory services. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. 7. Potentially harmful substances (e.g., urine test reagent tablets, household poisons, cleaning supplies, disinfectants) are clearly identified and stored in a locked area and separated from medications. During a tour of the facility on 03/04/2026 at 5:05 am, it was observed that the door to a medication cart, situated on the first floor, was left unlocked and was not being directly monitored by authorized personnel. Several rolls of unidentifiable resident medication were found on top. Review of the in-services for the last 6 months revealed all staff, including housekeeping, were in-serviced on abuse/neglect/exploitation, Resident Rights, Dementia, Medications: Narcotic and Medication keys, as needed medication documentation, medication storage, and hazardous chemicals for those who were recently hired, annually, and as needed. Interview on 03/04/2026 at 5:08 AM with Licensed Practical Nurse (LPN) ZZ, she confirmed that it was her cart (Cart 2) that was left unattended. She explained that she had to rush to the bathroom due to an urgent need and her support staff was on break at the time. LPN ZZ also revealed there were wandering residents on the floor. Furthermore, she confirmed that she could have either completed the task of putting away medication or placed the medication in the cart until her return. Interview on 03/04/2026 at 5:03 PM with the Director of Nursing (DON) and the Administrator, the observation of an unlocked and unattended medication cart was confirmed. It was disclosed that in-service training has been completed, as it is deemed unacceptable to leave any medication unattended at any time. The DON confirmed the medication on top of the cart was called pizza roll and the medication was usually used for blood pressure, cholesterol, but it can vary based on each resident.</p>		