Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115656	A. Building B. Wing	03/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Lakeside	3020 Jeffersonville Road Macon, GA 31217

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 41914 Based on staff interview and record review, the facility failed to ensure the timely submission of the Minimum Data Set (MDS) assessment for one of five residents (R) (R49). The deficient practice had the potential to increase the probability for R49 not to receive care according to their care needs. Findings include: Record review for R49 revealed resident was admitted to the facility with the diagnoses of but not limited to chronic kidney disease stage 5, type 2 diabetes, chronic obstructive pulmonary disease, right upper quadrant abdominal mass, essential hypertension, syncope and collapse, hyperlipidemia, bradycardia, and generalized anxiety disorder. Resident medication review revealed a physicians order for the following, atorvastatin 40 mg (milligram), Breo Ellipta 100-25, buspirone 10 mg, clopidogrel 75 mg, gabapentin 300 mg, hydroxyzine 25 mg, pantoprazole 20 mg, paricalcitol 1 mcg (microgram), and paroxetine Hcl (hydrochloride) 40 mg. Review of R49's Quarterly Minimum Data Set (MDS) assessments revealed the last completed assessment was dated 10/10/2024. Continued review revealed a Quarterly MDS dated [DATE] indicated that it was still in progress. Interview on 3/1/2025 at 1:29 pm with the MDS Coordinator revealed that she was the only staff member in the facility that completed the assessments. Each resident will have a quarterly assessment completed every ninety-two days, annual assessment yearly, and a significant change assessment will be completed if the resident meets the criteria of having two areas of decline or improvement, starts hospice services, or receives a fracture during a fall. Once the assessment is completed it is sent to the Director of Health Services (DHS) for her signature and review and the assessment is placed in a file and is saved in a folder with the facility name on it, someone from the corporate office then submits the assessment into the system for processing. The staff member did not know who in corporate submitted the assessment. Continued interview also revealed that R49's Quarterly assessment was completed on 1/24/2025 and was rejected on 2/3/2025 due to missing information in Section O (therapy). The assessment was currently being corrected and there were some issues with inputting the information due to the transition into a new system. Staff member confirmed that the assessment for R49 was late. (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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 3/02/2025 at 10:27 am with the DHS confirmed that the Quarterly MDS assessment for R49 was not completed within the allotted timeframe. Continued interview also revealed that her expectation was that the MDS assessments were to be completed and processed timely. If there was a concern with the transmission or completion of the assessment, the MDS Coordinator was expected to reach out to the DHS or the corporate liaison for assistance to ensure that the assessments were completed.

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NAME OF PROVIDER OR SUPPLIER Pruitthealth- Lakeside		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 Jeffersonville Road Macon, GA 31217	

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 35180 Based on record review and staff interviews, the facility failed to ensure that Minimum Data Set (MDS) assessments was accurate for one resident (R) (R15) related to inaccurate coding of the preadmission screening and resident review (PASARR) level II. The sample size was 27. Findings include: A review of the Minimum Data Set (MDS) OBRA (Omnibus Budget Reconciliation Act) Annual Assessment, Section A-Identification A, dated 12/19/24, revealed R15 was not assessed for PASARR level II. A review of the medical record revealed R15 had a PASARR level II assessment, with a start date of 8/25/23 and end date of 12/31/2299. During an interview with the MDS Coordinator on 3/1/2025 at 3:25 pm, she acknowledged the MDS OBRA Annual Assessment, Section A-Identification Information, dated 12/19/24, indicated R15 had not been screened for a PASARR II. The MDS Coordinator confirmed that R15 was issued a PASARR II on 8/5/2023, and the MDS was not accurately coded. The MDS Coordinator said the Social Worker (SW) put the information in section A, but she said it was the MDS Coordinator's responsibility to ensure the MDS was coded accurately. An interview with the Director of Nursing (DON) on 3/1/2025 at 3:27 pm revealed it was her expectation for the MDS Coordinator to ensure the MDS was coded accurately. During an interview with the DON on 3/1/2025 at 4:20 pm, she stated there was no facility policy for the accuracy of the MDS. The MDS Coordinator used the resident assistant instrument (RAI) for MDS guidance.