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	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Lakeside, LLC	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and a review of the facility's policy titled Labeling, Dating, and Storage, the facility failed to ensure food items in the walk-in refrigerator, freezer, emergency water/food supply, and dry storage were properly dated and expired foods were disposed of. The deficient practices had the potential to place 53 of 55 residents(R) who receive food from the kitchen at risk of contracting a foodborne illness.Findings Include:Review of the facility's policy titled Label, Dating, and Storage, reviewed and dated 11/11/2022, documented in Procedure 1: Food and beverage items will have an identifying label as well as a received date and opened date, as applicable; for items prepared onsite, a use by date will also be indicated.During the initial tour on 04/14/2026 at 8:42 AM, with the Assistant Kitchen Manager (AKM) and Kitchen Manager(KM), it was revealed the freezer contained opened items such as a bag of squash, a box of red velvet layer cake, and a bag of sliced salami, boxes of ground beef, vanilla ice cream, and orange juice were open with no received date or open date. Also, single bag items of squash and salami were not dated.The dry food pantry was observed; a box of animal crackers with 150 bags was found with an expiration date of 04/11/2026.The rack used for the storage of bread revealed five loaves of hot dog buns, with each loaf containing 12 buns in each bag, and three loaves of sliced white bread that contained 24 slices, had expired on 04/11/2026, which the AKM and KM acknowledged were expired.Interview on 04/16/2026 at 03:00 PM with the KM confirmed that she and the AKM are responsible for ensuring that the freezer, refrigerator, and pantries are checked and within the appropriate temperature range and correctly labeled and stored with the received, use-by, and expiration dates, and acknowledged the animal crackers were expired. She also stated that her expectation is that all food items are properly labeled and expired items are disposed of. The KM stated that a negative outcome could cause cross-contamination and residents could get sick.Interview on 04/16/2026 at 03:10 PM with AKM confirmed that the bread and animal crackers were expired and food items were not properly labeled. She stated that the negative outcome could cause foodborne illness.

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

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	04/16/2026

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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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to ensure the need for a Level II Preadmission Screening/Resident Review (PASARR) for evaluation and determination for specialized services were offered to meet resident needs for one of 10 sampled residents (R) (R9) for PASARR Level II.Findings include:Review of Electronic Health Record (EHR) revealed R9 had diagnoses of but not limited to unspecified intellectual disabilities, schizoaffective disorder, degenerative disease of nervous system. Further review revealed R9 had a diagnosis of schizoaffective disorder upon admission on [DATE].Review of the Annual Minimum Data Set (MDS) dated [DATE] for R9 revealed she was admitted to the facility on [DATE]. Section A revealed R9 had not been evaluated for Level II PASARR.Review of Care Plan dated 04/15/2026 revealed R9 Problem: Resident is resistive of care from staff. Resident may swing at staff during care provided. Approach: Explain the care staff wants to provide to the resident. Behavior monitoring as ordered. Med review and med changes. Further review of the care plan for R9 revealed Problem: Psychotropic Drug Use. Approach: Contact Hospice prior to psych consultation. Psych consultation. Assess and implement non-drug interventions such as activities. Pharmacist to review medications. Monitor for side effects.Review of the Level I PASARR dated 03/09/2023 revealed R9 was not triggered for the diagnosis of schizophrenia.Interview on 04/16/2026 at 04:35 PM with Social Services Director (SSD) revealed she has been employed with the facility for four months. It was revealed that R9 is diagnosed with anxiety and schizophrenia. SSD revealed a PASARR Level I was sent for R9 upon admission on [DATE]. It was confirmed that R9 was not triggered to have a diagnosis of schizophrenia on Level I PASARR. It was confirmed that a Level II PASARR referral was not triggered for R9 due to the Level I PASARR not triggering for schizophrenia. SSD confirmed a Level II PASARR referral should be sent for R9 based on her diagnosis of schizophrenia. SSD stated she would not confirm nor deny that R9 was admitted into the facility with a diagnosis of schizophrenia. SSD stated she would not confirm nor deny that the Level I PASARR should have triggered that R9 had a diagnosis of schizophrenia upon admission.Interview on 04/16/2026 at 05:10 PM with the Director of Nursing (DON) revealed she has been employed with the facility for four years. It was confirmed R9 is diagnosed with intellectual disabilities and schizophrenia. It was revealed that R9 was admitted into the facility on [DATE]. DON revealed a Level I PASARR was signed for R9 upon admission on [DATE]. It was confirmed that R9 was not triggered to have a diagnosis of schizophrenia on the Level I PASARR. It was confirmed the Level I PASARR was incorrect due to the diagnosis of schizophrenia not being triggered. It was confirmed a Level II PASARR referral was not triggered for R9 due to the Level I PASARR not accurately triggering the diagnosis of schizophrenia. DON confirmed R9 was admitted into the facility with a diagnosis of schizophrenia. DON confirmed the Level I PASARR should have triggered that R9 had a diagnosis of schizophrenia upon admission. It was confirmed that when residents are admitted into the facility, the Social Services Director is responsible for ensuring the Level I PASARR has the correct diagnoses triggered. DON revealed her expectation is for the Social Services Director to verify that the Level I PASARR diagnoses are correct based on the diagnoses the residents have upon admission. DON revealed the SSD must verify the accuracy of the Level I PASARR so that the Level II PASARR services can be provided to residents as needed.