

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Augusta Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  2122 Cumming Road Augusta, GA 30904	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility policy titled, MDS Assessment Accuracy, the facility failed to complete an accurate Minimum Data Set (MDS) assessment that indicated the use of Continuous Positive Airway Pressure (CPAP) machine for one of 15 residents (R) with orders for respiratory therapy. The deficient practice had the potential to place R2 at risk for respiratory complications, unmet needs, and a diminished quality of life. Findings include: Review of the facility policy titled MDS Assessment Accuracy last revised 01/19/2026, revealed on page 1 under the Policy Statement section, It is the policy of this healthcare center that each Minimum Data Set (MDS) reflect the acuity and the medical status of each patient/resident in accordance with acceptable professional standards and practices. The assessment will be scheduled to accurately account for the acuity and complexity of the patient/resident. Each Assessment Reference Date (ARD) will be chosen to capture services rendered and reflect an accurate clinical profile of each patient/resident. Review of the electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with diagnoses including but not limited to end stage renal disease, asthma, chronic obstructive pulmonary disease (COPD), acute respiratory failure with hypercapnia, dependence on renal dialysis, obstructive sleep apnea (adult), asthma, congestive heart failure (CHF), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dyspnea, wheezing, Type 2 diabetes mellitus with hyperglycemia, anxiety disorder. Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R2 had a Brief Interview for Mental Status (BIMS) score of 14 indicating the R2 had intact cognition. Further review of Section O revealed no indicators for R2s respiratory treatment to include continuous positive airway pressure (CPAP) machine use. Review of the Physician's Orders for R2 included but was not limited to an order dated 8/22/2025- CPAP: Mode: CPAP Settings: 5 During sleep with Oxygen at 2L/min Mask Size: large Mask Type: full face To be worn: hours of sleep at bedtime, CPAP: Empty reservoir QAM and allow to air dry. Observation and interview with R2 on 03/22/2026 at 2:49 PM revealed R2 to be sitting up in bed receiving supplemental continuous oxygen at 1.5 LPM via NC. R2 verbalized that he uses continuous oxygen every day and attempts to wear the CPAP at night. CPAP empty reservoir observed on bedside table. Interview and review of R2s most recent MDS with Registered Nurse (RN) Case Mix Director (CMD) on 03/24/2026 at 12:00 PM revealed that there were no respiratory indicators coded in Section O (identifies any special treatments, procedures, and programs received or performed during the assessment period) and stated she would make the corrections to accurately reflect the current orders. During an interview with the Administrator on 3/24/2026 at 12:25 PM she confirmed that R2s respiratory treatments had not been coded on the MDS.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observations, staff interviews, and review of the facility policy titled Medication Administration: General Guidelines, the facility failed to meet professional standards of quality during medication administration for one resident (R) R14. This deficient practice had the potential to place residents at risk of receiving the wrong medications. The census was 85. Findings include: Review of the facility policy titled Medication Administration: General Guidelines, reviewed 07/28/2025, revealed the Policy Statement stated, Medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication. The Procedure section included, . 9. Only the licensed or legally authorized personnel that prepare a medication may administer it. Observation on 03/23/2026 at 1:47 PM revealed Licensed Practical Nurse (LPN) SS prepared medications for R14, gave the medications to LPN TT, and instructed LPN TT to administer the medication to R14. Further observation revealed that LPN TT administered the medications to R14. Continued observation revealed LPN SS prepared medication for another resident and give to LPN TT to administer. The surveyor stopped LPN TT from administering the medication. In an interview, LPN SS stated she did not see anything wrong with her preparing the medication and LPN TT administering it. In an interview on 03/23/2026 at 5:01 PM, the Director of Nursing (DON) stated that the nurse who prepares the medication should administer it. The DON further stated that at no time should a nurse place opened medications in a cup and pass the cup to another nurse to give the medication. The DON stated LPN TT was in training. In an interview on 03/23/2026 at 5:08 PM, the Clinical Competency Coordinator (CCC) stated that she completed a check-off with the nurses before they worked on the floor. She stated that the new nurse will observe her mentor giving medications until the new nurse feels comfortable. The CCC also stated that the mentoring nurse should not set up medications and hand them to the orientation nurse to give to the resident. She stated that the nurse who prepared the medications should give the medications to the resident. In an interview on 03/25/2026 at 1:51 PM, the DON stated that he expected the mentoring nurse to observe the nurse-in-training. The DON further stated that the trainee should prepare and administer the medications while the mentor observes.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility policy titled, Oxygen Administration, the facility failed to follow the physician's order for continuous oxygen administration for one of 15 resident (R) with orders for respiratory therapy. The deficient practice had the potential to place R2 at risk for respiratory complications, unmet needs, and a diminished quality of life. Findings include: Review of the facility policy titled Oxygen Administration last reviewed 11/17/2025, revealed on page 1 under the Policy Statement section, It is the policy of PruittHealth Hospice and Healthcare Centers/Veteran Homes to provide oxygen safely and accurately to appropriate patients/residents. The Scope section revealed, This policy applies to Nurses and Respiratory Therapists. The Procedure section revealed, Oxygen will be administered by licensed personnel only when ordered by the physician, PA or NP. The physician order may be written PRN for comfort/dyspnea or may specify the number of liters, method of administration and length of time the oxygen is to be administered. Review of the electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with diagnoses including but not limited to end stage renal disease, asthma, chronic obstructive pulmonary disease (COPD), acute respiratory failure with hypercapnia, dependence on renal dialysis, obstructive sleep apnea (adult), asthma, congestive heart failure (CHF), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dyspnea, wheezing, Type 2 diabetes mellitus with hyperglycemia, anxiety disorder. Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R2 had a Brief Interview for Mental Status (BIMS) score of 14 that indicated little to no cognitive impairment. Review of the Physician's Orders for R2 included but was not limited to, an order dated 03/09/2026 for oxygen at 2L/min (liters per minute) via (by way of) nasal cannula (NC) every shift. Observation and interview with R2 on 03/22/2026 at 2:49 PM revealed R2 sitting up in bed receiving supplemental continuous oxygen at 1.5 LPM via NC. Resident verbalized that he uses continuous oxygen every day. Observation and interview with R2 on 03/23/2026 at 9:00 AM revealed R2 sitting up in bed receiving supplemental continuous oxygen at 2 LPM via NC. Resident states he is going to dialysis today and that he does not transport with supplemental oxygen when he leaves but that he feels like he needs it and states he often becomes short of breath before he arrives at the dialysis center. Observation and interview with R2 on 03/23/2026 11:45 AM revealed R2 lying on a stretcher with supplemental continuous oxygen at 2 LPM via NC be administered via an oxygen cylinder secured at his feet for transport to dialysis. R2 states that this is the first time he has been sent to dialysis with oxygen. The accompanying transport staff confirmed this is the first time he has had continuous oxygen during transport. Review of the Resident Progress Notes for January 2016 through March 2026 reveal R2 had no documentation of supplemental oxygen being sent with the resident to or from the dialysis center. Telephone interview with R2s primary dialysis center nurse on 03/23/2026 at 1:38PM revealed that she cares for R2 while he is receiving dialysis and that while he uses supplemental oxygen as needed at the dialysis center, he does not arrive to the center with an oxygen cylinder or on any type of supplemental oxygen in place. Telephone interview with the transportation company for R2 on 03/23/2026 at 12:18 PM revealed the transportation company is non-emergent and they do not permit transporting patients with oxygen. The representative indicated today was the first day they accommodated this need for R2 so they could get the transport the resident to his dialysis appointment on time. Concurrent interview with the Director of Health Services (DHS), R2s Nurse Practitioner (NP) NN, and LPN 100 Hall Unit Manager (OO) on 03/24/2026 at 12:00 PM revealed R2 refuses to transport to dialysis by a transportation company that will permit oxygen cylinders on their transport. LPN OO stated R2 is able to sit in a wheelchair and transport with a company that will accommodate the oxygen order, however, he will only permit transport by stretcher. Physician's active oxygen order of 2L/min via NC verified. The DHS, NP NN, and LPN OO acknowledged that R2 (continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>should be transported with oxygen based on his respiratory diagnoses. Interview with the Administrator on 3/24/2026 at 12:25pm confirmed that the oxygen order had not been followed and it is her expectation that nurses' follow active physician's order.</p>