

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Laurel Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Hospital Drive Stockbridge, GA 30281	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, staff interviews, record review, and review of the facility's policies titled Infection Prevention and Control Surveillance and Infection Prevention - Hand Hygiene, the facility failed to ensure infection control practices were followed for two of two sampled residents (R) (R4 and R5) from a total sample of five residents. This deficient practice had the potential to place R4 and R5 at risk of medical complications. Findings include: Review of the facility's policy titled Infection Prevention and Control Surveillance, reviewed 11/17/2025, revealed the Policy Statement section included, [Name of facility] maintains a surveillance program for the tracking, prevention and follow-up of all partner and patient/resident infections. Review of the facility's policy titled Infection Prevention - Hand Hygiene, reviewed 11/17/2025, revealed the Procedures section included, G. Other Aspects of Hand Hygiene . 4. Perform hand hygiene and change gloves during resident care if moving from contaminated body site to a clean body site. 1. Review of the admission Minimum Data Set (MDS) for R4, dated 12/17/2025, revealed that Section GG (Functional Abilities and Goals) documented that R4 required partial/moderate assistance with toileting. Section H (Bladder and Bowel) documented that R4 was incontinent of bowel and bladder. Observation on 12/30/2025 at 9:08 am, of incontinence care for 4, revealed Certified Nursing Assistant (CNA) AA used the same section of the washcloth to wipe more than one area of the perineum and did not use a separate section of the washcloth when cleansing/wiping the perineum. Review of the facility's document Bathing - Perineal Care Female dated 8/1/2025 documented return demonstration checklist for CNA AA to cleanse . Use a different part of the washcloth for each stroke. In an interview on 12/30/2025 at 2:25 pm, Licensed Practical Nurse (LPN) CC stated that during incontinence care, the perineum should be wiped from front to back with a different section of the washcloth or wipes. She stated that the same section should not be used more than once, since the section used was dirty and could cause infections, such as urinary tract infections, among the residents. In an interview on 12/30/2025 at 2:30 pm, the Assistant Director of Nursing (ADON) stated that the washcloth should be folded and a clean section used to wipe each section of the perineum during incontinence care. She stated that if this was not done, the resident would be at risk of infection, such as a urinary tract infection. In an interview on 12/30/2025 at 2:35 pm, CNA AA confirmed she used the same part of the washcloth to wipe more than one area of the perineal area while providing incontinent care for R4. She stated she should not have used the same part of the washcloth to wipe more than one area of the perineum. She further stated the residents could get infections if the washcloth was not folded, and she did not wipe once and then change each section of the washcloth for each wipe. 2. Review of the Quarterly MDS for R5 revealed that Section GG (Functional Abilities and Goals) documented that R5 required substantial /maximum assistance with toileting and partial/moderate assistance for personal hygiene. Section H (Bladder and Bowel) documented that R5 was incontinent of bowel and bladder. Observation on 12/30/2025 at 10:30 am, during observation of incontinence care for R5, revealed CNA BB cleaned bowel movement from R5 and did not change gloves before applying barrier ointment to R5's perineum. Record review of the facility's document Hand Hygiene Competency Validation Soap & Water; Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content), dated 8/1/2025, documented annual competency return demonstration was done for CNA BB. In an interview on 12/30/2025 at 2:25 pm, LPN CC stated that during incontinence care, after cleaning bowel movement, gloves should be removed, hands should be sanitized, and a new pair of gloves should be put on. She stated that if this was not done, the residents could get infections. In an interview on 12/30/2025 at 2:30 pm, the Assistant Director of Nursing (ADON) stated that during incontinence care, gloves should be changed when leaving a dirty area for a clean area and after cleaning a bowel movement. She stated that the residents could get infections if this was not done. In an interview on 12/30/2025 at 2:58 pm, CNA BB confirmed she did not change her gloves after cleaning the R5's resident's bowel movement, and she used the same pair of gloves to apply barrier ointment to R5's perineum. She stated that this could transfer bacteria from one area to another and cause infections for residents.</p>		