

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 07/17/2025
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility's policy titled, Care Plans, the facility failed to review and revise the comprehensive care plan for one of 62 sampled residents (R) (R12). This deficient practice had the potential to cause unmet care needs, isolation, and/or a decline in psychosocial well-being. Findings include: Review of the facility's policy titled Care Plans revised 7/27/2023, noted under admission Comprehensive Plan of Care: . The comprehensive person-centered care plan is developed to include measurable goals and timeframes to meet a patient/resident's medical, nursing and psychosocial needs, the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial needs that are identified in the comprehensive assessment. Review of R12 quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) of 13, which indicates R12 was cognitively intact. Section B, Hearing, Speech, and Vision revealed R12 usually understood-difficulty communicating some words or finishing thoughts if prompted or given time, usually understands-misses some part/intent of message but comprehends most communication. Review of R12's care plan dated 11/9/2021 and 2/10/2022 indicated problems related to a language barrier, as the resident's primary language is Spanish, which impacted her ability to communicate with staff and fully participate in facility activities. Goals included ensuring the resident would be able to make her needs known and communicate with staff without difficulty, and that staff would continue to encourage her participation in preferred activities such as bingo, music, movies, and card games. Interventions included providing an interpreter daily as needed to assist with completion of activities of daily living (ADLs), using the interpreter line as needed during activities, contacting the resident's son if an interpreter was unavailable, and encouraging her continued participation and socialization with other residents. No changes made to R12's care plan regarding communication. Interview with MDS Coordinator II on 7/17/2025 at 4:15 pm revealed that R12's communication needs had not been reassessed or updated since admission. Although the MDS was completed quarterly and may trigger reviews for issues like pain, communication barriers were only addressed during the initial assessment and not routinely revisited unless staff reported concerns. MDS Coordinator II confirmed that no changes had been made to R12's care plan regarding communication despite her continued difficulty in effectively conveying her needs to staff.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115673	Facility ID: 115673 If continuation sheet Page 1 of 5

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 07/17/2025
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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>(continued on next page)</p>

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 07/17/2025
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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Assistance for Resident with Communication/Language Barriers, the facility failed to ensure consistent, effective two-way communication for one of 62 sampled residents (R) (R12). This deficient practice had the potential to place the R12 at risk for unmet care needs, decreased independence, and potential decline in physical and psychosocial well-being. Findings include: Review of the facility's policy titled Assistance for Resident with Communication/Language Barriers revised 3/16/2023 noted under Procedure: 1. An assessment will be made by the RN/Interdisciplinary Team (IDT) to determine: The specific nature and degree of impairment, resources (persons and equipment) available to and utilized by the client, and present and possible future needs and problems. 2. When the services of qualified interpreters are needed, appropriate agencies will be contacted and utilized, and efforts will be made to help provide for the residents to obtain other aids, such as communication boards, bells, intercoms, etc. 3. The team members will be advised of any special needs the resident has, and the plan of care will be developed to meet these needs. Review of the electronic medical record (EMR) revealed R12 was admitted to the with pertinent diagnoses including but not limited to a primary diagnosis of chronic obstructive pulmonary disease (COPD), schizoaffective disorder, bipolar disorder, depression, anxiety disorder, difficulty in walking, generalized muscle weakness, dysphagia, pain-unspecified, asthma, and insomnia. R12 is of Hispanic, Latino/a, Spanish origin, and speaks and understands only Spanish. Review of R12 quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 13, which indicates R12 was cognitively intact. Review of R12's care plan dated 11/9/2021 and 2/10/2022 indicated problems related to a language barrier, as the resident's primary language is Spanish, which impacted her ability to communicate with staff and fully participate in facility activities. Goals included ensuring the resident would be able to make her needs known and communicate with staff without difficulty, and that staff would continue to encourage her participation in preferred activities such as bingo, music, movies, and card games. Interventions included providing an interpreter daily as needed to assist with completion of activities of daily living (ADLs), using the interpreter line as needed during activities, contacting the resident's son if an interpreter was unavailable, and encouraging her continued participation and socialization with other residents. Review of progress notes dated 5/12/2025 through 7/14/2025 revealed no documentation that staff utilized the language line or contacted the resident's son to assist with two-way communication. Notes did not include evidence that the resident was provided with routine access to interpretation services to facilitate her ability to initiate communication, express needs, or participate fully in care discussions. Observation and interview on 7/16/2025 at 2:14 pm with R12 in the activity room while she was coloring. The interview was conducted in Spanish, as this Surveyor was fluent in Spanish and able to communicate directly with the resident. R12 stated she was unable to effectively communicate with facility staff, as they did not speak Spanish and she did not understand English. She reported that when she first arrived at the facility, staff occasionally used the Language Line, but it had not been used in a very long time, and she could not recall the last time interpretation services were offered. R12 shared she had been experiencing a recurring white film on her tongue that caused pain, which she brushed away each morning but it returned; she stated she had shown this to nursing staff, but did not believe her concern had been understood due to the language barrier. Additionally, she stated that staff did not make her bed and she had to do it herself, and expressed that she did not know how to communicate her needs or concerns to staff. Observation and interview on 7/17/2025 at 9:30 am R12 in her room revealed that she reported waking up with a white powder on her tongue and mentioned that she used to receive a liquid medication to treat this condition. When asked if she had informed nursing staff about it that morning, R12 confirmed that she had but stated that she did not know if they understood what she was trying to communicate since nothing had been done. Observation and interview on 7/17/2025 at 10:10 am with the Assistant Director of Nursing (ADON) in R12 room revealed that she relied primarily on interpreting the resident's gestures, such as pointing, to guess what the resident was trying to express. Although she mentioned the availability of the language line and contacting R12's son, these methods were not actively in use at the time. When the ADON accompanied the surveyor into R12's room and R12 attempted to explain her concerns about her tongue, the ADON admitted she could not understand what the resident was saying and would probably need to contact the language line or her son</p>		

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 07/17/2025
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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 07/17/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident representative interviews, record review, and review of the facility policies titled, Enhanced Barrier Precaution (EBP), the facility failed to implement appropriate infection prevention and control practices for one of 62 sampled residents (R) (R134). Specifically, the facility failed to ensure staff consistently used the required personal protective equipment (PPE) in accordance with EBP protocols, failed to follow proper perineal and catheter care techniques, and failed to use facility-specified products for these procedures. The deficient practices placed R134 at increased risk for infection, cross-contamination, and delayed wound healing. Findings include: Review of the facility's policy titled Enhanced Barrier Precautions (EBP) revised 5/27/2025 revealed under Procedure, section 1. Prompt recognition of need: a. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. The policy further defines EBP as an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities. Under Procedure, section 2: EBP refers to an infection control intervention designed to reduce transmission of multi-resistant organisms that employs targeted gown and glove use during high contact resident care activities. 2. b. Any wound (e.g., chronic wounds such as but not limited to pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a multidrug-resistant organism. Review of the facility skills checkoff list titled Catheter Care-Foley Catheter and Bathing-Perineal Care Female both undated, revealed both procedures direct staff to use soap and water (cleansing agent and wet washcloth) rather than disposable wipes for perineal hygiene. Further review of the cleanse sections instructed staff to use a clean part of the washcloth for each stroke. Review of the electronic medical record (EMR) revealed R134 was recently hospitalized with severe sepsis from 7/7/2025 to 7/14/2025. Review of hospital records indicated that blood cultures revealed ESBL (Extended-Spectrum Beta-Lactamase) E. coli (Escherichia coli, bacteria that normally live in the intestines of healthy people) bacteremia (the presence of bacteria in your blood), with the likely source identified as a urinary tract infection. The resident was prescribed and receiving intravenous (IV) antibiotic therapy. R134 has pertinent diagnoses including, but not limited to, severe sepsis, acute kidney failure, stage 4 pressure ulcer of the sacral region, urinary tract infection, dysphagia, essential hypertension, morbid obesity, cerebral infarction, metabolic encephalopathy, depression, gastroesophageal reflux disease, and long-term use of antibiotics. Review of R134's annual Minimum Data Set (MDS) assessment dated [DATE] revealed the Brief Interview for Mental Status (BIMS) was not completed due to the resident's inability to communicate; staff assessment indicated a score of 0, which represents severe cognitive impairment. Section GG, Functional Status, revealed R134 required extensive assistance with two-person physical help for all activities of daily living (ADLs), including bed mobility, transfers, dressing, personal hygiene, and toileting. R134 remained in bed at all times and was non-ambulatory. Review of the Care Area Assessment (CAA) indicated R134 was identified with cognitive loss related to cerebrovascular accident, communication deficits due to difficulty being understood and expressing needs, impaired activities of daily living and mobility requiring total care, and the use of an indwelling urinary catheter due to a stage 4 sacral pressure ulcer. Review of R134's care plan dated 7/2/2025 indicated a problem related to infection risk due to impaired mobility, presence of an indwelling urinary catheter, and dependence on staff for personal hygiene and toileting. Goals included, but were not limited to, ensuring R134 remained free from signs and symptoms of urinary tract infections and that catheter care would be managed appropriately. Interventions included, but were not limited to, providing catheter care as needed, assessing catheter drainage every shift for color, odor, and leakage, reporting signs of infection such as fever or foul-smelling urine, and assisting the resident with bathing, perineal hygiene, and repositioning to support skin integrity and prevent infection. Review of the Physician's Orders for R134 included but was not limited to: Order dated 6/26/2025 for indwelling urinary catheter care every shift and as needed, including assessment for leakage, dislodgement, obstruction, and monitoring urine characteristics to identify potential infection. Order dated 6/26/2025 to monitor and record intake and output, and to note if a urine specimen is sent to the lab for analysis. Order dated 6/26/2025 to change Foley catheter monthly and as needed per facility protocol. Order dated 7/14/2025 for meropenem 1 gram IV every</p>		