

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115677	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Jasper		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Church Street Jasper, GA 30143	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>35180</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Infection Control-Housekeeping Services, the facility failed to ensure a safe, clean comfortable, homelike environment for one of 30 sampled residents (R) (R29). Specifically, R29's room was not kept clean.</p> <p>Findings include:</p> <p>A review of the facility policy titled Infection Control-Housekeeping revised 10/16/2023 revealed under Policy Statement: Housekeeping services would be performed on a routine and consistent basis to ensure an orderly, sanitary, and comfortable environment. Further review revealed under Procedure: Routine Cleaning of Horizontal Surfaces: In patient/resident care areas, cleaning of non-carpeted floors would be performed daily and more frequently if spillage or visible soiling occurs.</p> <p>Observation on 4/12/2024 at 8:29 am of R29's room revealed crumbs, dust, a cheese puff, medication cups, and an alcohol prep under R29's bed.</p> <p>Observation on 4/13/2024 at 8:20 am of R29's room revealed the crumbs, dust, a cheese puff, medication cups, and an alcohol prep remained under R29's bed.</p> <p>Observation on 4/13/2024 at 11:40 am of R29's room revealed the crumbs, dust, a cheese puff, medications cups, and an alcohol prep remained under R29'2 bed.</p> <p>Interview on 4/13/2024 at 11:43 am with the Environmental Services Manager (ESM), she stated that the cleaning staff swept and mopped the resident rooms daily and moved the furniture around to ensure all areas were clean.</p> <p>Follow-up interview on 4/13/2024 at 11:55 am with the ESM, she acknowledged the debris under R29's bed and stated her staff should have cleaned the room properly. The ESM reiterated her expectation that the staff should ensure the residents' entire room, including the area under the bed, was cleaned.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47146</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Care Plan, the facility failed to implement an intervention identified on the comprehensive care plan for one of 30 sampled residents (R) (R50).</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Plan reviewed and revised on 7/27/2023 revealed in the Policy Statement It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and the patient/resident choice. Under the subtitle Admission Comprehensive Plan of Care section number four, the third paragraph revealed The care plan approach serves as instructions for the patient/resident's care and provides continuity of care by all partners.</p> <p>Review of the electronic medical record (EMR) revealed R50 was with diagnoses including but not limited to hemiplegia and hemiparesis following cerebral infarction (stroke) affecting right dominate side, spastic hemiplegia affecting right dominate side, muscle wasting and atrophy, lack of coordination, abnormalities of gait and mobility, and contracture of right knee.</p> <p>Review of R50's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 2/7/2024 revealed a Brief Interview for Mental Status (BIMS) was not completed but documentation indicated short and long-term memory problem. Section GG, functional status, revealed R50 had functional limitations in range of motion with impairment on one side for bilateral upper and lower extremities.</p> <p>Review of the Care Area Assessment (CAA) on the admission MDS with and ARD of 9/21/2024 revealed R50 triggered care areas (not limited to) of falls.</p> <p>Review of R50's care plan indicated a problem of risk for falls related to status post Cerebrovascular Accident (CVA) with aphasia [difficulty speaking], dysphagia [difficulty swallowing], and right sided weakness with a start date of 9/25/2023. Goals included but were not limited to will not have injury from falls. Approaches included assist with transfers safely as indicated and instruct on fall precautions as indicated (approach start date 9/25/2023), observe-will throw legs off side of bed (approach start 11/2/2023), fall mat in place (approach start 11/9/2023), scoop mattress to define parameters of the bed (approach start date of 11/10/2023), OT [Occupational Therapy] evaluate and treat as indicated (approach start date 11/24/2023), and reinforce with resident to call for assistance with use of call light (approach start date 12/29/2023).</p> <p>Review of progress notes created by nursing revealed on 11/10/2023, 11/23/2023, and 12/28/2023 the resident had a fall with no injuries noted on each incident.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/13/2024 at 2:39 pm with Licensed Practical Nurse (LPN) Unit Manager (UM) CC revealed that R50 was placed on a scoop mattress on 11/10/2023 and they moved R50 to her current room on 11/18/2023 and she stated that the scoop mattress should have been moved with her, but apparently it was not moved. She verified and confirmed that the mattress on R50's bed was a regular mattress.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47146</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility policy titled, Occurrences and the facility document titled All Falls for Facility, the facility failed to provide an assistive device to prevent falls for one of 30 sampled residents (R) (R50) This deficient practice had the potential to increase the risk for falls for R50.</p> <p>Findings include:</p> <p>Review of the facility policy titled Occurrences last reviewed and revised on 1/11/2024 revealed under the Policy Statement, The healthcare center recognizes that due to the frailty of the patients/residents served, there is an increased risk of occurrences that may result in injury to the patient/resident and/or others. To prevent occurrences, each patient/resident will be observed and assessed for risks. Appropriate, realistic interventions will be implemented in accordance with their plan of care.</p> <p>Review of the facility document titled All Falls for Facility with a start date of 4/12/2023 and an end date of 4/12/2024 revealed R50 had two unwitnessed falls on 11/9/2023 and 12/28/2023, one witnessed fall on 11/23/2023, and one fall that was not documented as witnessed or unwitnessed on 11/10/2023.</p> <p>Review of the electronic medical record (EMR) revealed R50 was admitted with diagnoses including but was not limited to hemiplegia and hemiparesis following cerebral infarction (stroke) affecting right dominate side, spastic hemiplegia affecting right dominate side, muscle wasting and atrophy, lack of coordination, abnormalities of gait and mobility, and contracture of right knee.</p> <p>Review of R50's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 2/7/2024 revealed a Brief Interview for Mental Status (BIMS) was not completed but documentation indicated short- and long-term memory problems. Section GG, functional status, revealed R50 had functional limitations in range of motion with impairment on one side for bilateral upper and lower extremities.</p> <p>Review of the Care Area Assessment (CAA) on the admission MDS with and ARD of 9/21/2024 revealed R50 triggered care areas (not limited to) of falls.</p> <p>Review of R50's care plan indicated a problem of risk for falls related to status post Cerebrovascular Accident (CVA) with aphasia, dysphagia, and right sided weakness with a start date of 9/25/2023. Goals included but were not limited to will not have injury from falls. Approaches included but were not limited to scoop mattress to define parameters of the bed (approach start date of 11/10/2023).</p> <p>Review of progress notes created by nursing dated 11/10/2023 at 9:23 am revealed resident was noted in [sic] floor on mat on right side of her low bed, no injuries were noted.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of progress note created by nursing dated 11/23/2023 at 11:35 pm revealed staff noted R50 attempting to climb out of bed, R50 on side of bed sliding to floor when staff responded, no injury noted.</p> <p>Review of progress note created by nursing dated 12/28/2023 at 9:28 pm revealed staff noted resident sitting on floor next to bed, no injuries noted.</p> <p>Observation on 4/12/2024 at 8:23 am of R50 lying in bed, bed in the lowest position, with a regular mattress noted on the bed.</p> <p>Observation on 4/12/2024 at 2:00 pm of R50 lying in bed with her spouse at her bedside, with a regular mattress noted to be on the bed.</p> <p>Observation on 4/13/2024 at 8:00 am of R50 lying in bed with the head of the bed elevated approximately 30 degrees, with a regular mattress noted to be on the bed.</p> <p>Observation and interview on 4/13/2024 at 2:24 pm with Licensed Practical Nurse (LPN) AA verified and confirmed the R50's care plan had an approach that included a scoop mattress to be in place. She verified and confirmed the mattress on R50's bed was not a scoop mattress. She stated she was not sure why there was not a scoop mattress on R50's bed but she thought the Care Plan Coordination would know this.</p> <p>An interview on 4/13/2024 at 2:39 pm with Registered Nurse (RN) Nurse Case Mix Director (CMD) BB revealed that the care plan for R50's scoop mattress was initiated once the mattress was on her bed (11/10/2023). She stated she was not aware the scoop mattress had been removed from R50's bed nor did she know why it was removed. She stated any nurse had access to the care plan, but she usually updates all care plans.</p>		