

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 05/08/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51215</p> <p>Based on observations, staff interview, and review of the facility's policy titled, Medication Storage in the Health Care Center, the facility failed to discard two multidose medications with an illegible expiration date from two of two medication carts. This failure had the potential to put residents at risk due to the instability in the potency of certain medications if given beyond the expiration date.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Storage in the Health Care Center, revised on [DATE] revealed under section titled Procedure number three stated that Nurses are required to check all medications for deterioration and expiration before administration. Nurses are also required to inspect medication storage facilities, including medication carts, routinely. Medication storage areas are to be kept clean, well lit, and free of clutter. Nursing staff who administer medications are responsible for the cleaning and organizing of medication carts and storage areas. Number 12 under the same section stated that, Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from pharmacy if a current order exists.</p> <p>During an observation on [DATE] at 8:46 am of medication administration with Licensed Practical Nurse (LPN) BB on the first of two medication carts, the medication cart was also inspected. During the inspection it was revealed that a multidose bottle of aspirin 81 milligrams (mg) enteric coated tablets had an illegible expiration date.</p> <p>During an interview on [DATE] at 9:30 am with LPN BB, she verified not being able to tell the expiration date on the medication bottle and stated that she was not sure when it would expire or if it had already expired. LPN BB also stated that she would normally discard the medication whenever the expiration date was illegible but did not notice since she did not check the expiration date while administering the medication to the resident.</p> <p>During an observation on [DATE] at 10:20 am with Registered Nurse (RN) CC on the second of two-medication carts, administering medication. The cart was also inspected. It was revealed that the multidose bottle of melatonin 3 mg tablets had an illegible expiration date.</p> <p>(continued on next page)</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 10:21 am with RN CC, she stated, It looks like I can tell the expiration date but I'm not sure, so I'll dispose of it and replace it. RN CC further stated that she sometimes check the bottles but did not notice that the label was illegible as it was not a medication she administered on her shift.</p> <p>During an interview on [DATE] at 11:01 am with the Director of Nursing (DON), she stated, If the nurses were uncertain or can't read the bottle if it's unclear, then I expect them to get a new one. The DON stated, If there is any question about the label on the bottle then I would want them to just discard it. She revealed that the nurses were to ensure that the medications were not expired. The DON stated, The nurses do know that they must clean all equipment and use the appropriate disinfectants and comply with the dwell time. She also stated, They can wipe down the equipment if they want to but my primary concern is if the resident is on any type of transmission-based precautions or droplet precautions. The DON also stated, They do not have to clean the equipment if the resident is not on any precautions, we do have them covered when not in use.</p> <p>During an interview on [DATE] at 2:07 pm with the Infection Preventionist (IP), she stated, All shared equipment gets wiped with antiseptic wipes and dried for 2 minutes. She also stated, Obviously the staff would only clean one piece of equipment with one wipe and between each patient.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374</p> <p>Based on observations, staff interviews, and review of the facility's policies titled, Enhanced Barrier Precaution (EPB), Transmission-Based Isolation Precautions (TBP), Standard Precautions, and Infection Prevention and Control Plan, the facility failed to sanitize shared medical equipment between residents' use during medication pass observations, failed to follow donning (putting on) and doffing (removing) of PPE practices in a TBP room, failed to wear proper personal protective equipment (PPE) for wound care treatment. The deficient practice had the potential to increase the potential for cross-contamination and spread of infection for all residents who reside in the facility. The facility census was 49.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Enhanced Barrier Precaution (EBP) dated 4/30/2024 documented under Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organism. Under Procedure: . (i) Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcer) 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 Multi-Drug Resistant-Organism (MDRO). Under Section 3: Implementation of Enhanced Barrier Precautions: . (d) Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room. Under Section 4: High-contact resident care activities include . (h) wound care; any skin opening requiring a dressing.</p> <p>Review of the facility's policy titled Transmission-Based Isolation Precautions with a revised date 12/11/2023 documented under Policy: Transmission based precautions are used in combination with Standard Precautions for patients with documented or suspected infections or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent or to interrupt transmission of the suspected or confirmed infectious agents. Under Procedures: . (B) General Principles . (6) everyone, but not limited to, providers, nurses, environmental services, technicians, are responsible for complying with isolation precautions, donning appropriate PPE, and tactfully calling observed noncompliance to the attention of offenders. Under Section: (D) Types of Isolation Precautions: . B. Personal Protective Equipment (PPE) 1. Gloves: wear gloves (clean, non-sterile gloves are adequate) upon entry into the room, wear gloves when touching residents' intact skin, surfaces and items near the resident. 2. Gowns: [NAME] (put on) a gown upon entry into the room and remove before leaving the resident's environment and perform hand hygiene. 3. Droplet Precautions: use droplet precautions for residents with known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a resident who is coughing, sneezing, or talking. Special air handling and ventilation are not required to prevent droplet transmission.</p> <p>Review of the facility policy titled Standard Precautions with a review date of 12/4/2023 revealed in Section 2, titled Hand Hygiene, all healthcare center partners who come into contact either directly with patients or, indirectly through equipment or environment are required to understand the importance of good Hand Hygiene practices and adhere to them.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy titled Infection Prevention and Control Plan with a revision date of 6/21/2024 revealed under Section B: Program Objectives: .12. Comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.</p> <p>1. During an observation on 5/7/2025 at 10:18 revealed Housekeeper II exited a TBP room [ROOM NUMBER] doffing her PPE outside of the room and discarding the PPE into her housekeeping cart.</p> <p>During an observation on 5/7/2025 at 10:27 am revealed the Nurse Practitioner (NP) entering into room [ROOM NUMBER] without the recommended PPE on a EBP and TBP/Droplet Precaution room.</p> <p>During an interview on 5/7/2025 at 10:32 am with the Nurse Practitioner (NP) revealed the resident in the room had parainfluenza (respiratory infection) and this virus does not require PPE to don PPE on or off.</p> <p>During an observation on 5/7/2025 at 10:35 am revealed room [ROOM NUMBER] had signage on the door for Special Droplet Precaution and EBP.</p> <p>During an interview on 5/7/2025 at 10:38 am with the Infection Preventionist (IP) stated room [ROOM NUMBER] was EPB and Droplet Precaution for the parainfluenza virus. She the staff are only required to wear a mask. She stated if they are not doing direct care, it is not required for them to wear PPE. IP continued to state it was optional for the staff to wear PPE if they were more comfortable. However, IP did confirm she did expect the staff to do doffing (removing) of PPE inside the resident room instead of in the hallway.</p> <p>During an observation and interview on 5/7/2025 at 2:28 pm with the Wound Care Nurse (WCN) revealed she did not don the recommended PPE to perform direct care on a wound. She was observed wearing a mask and gloves.</p> <p>The WCN revealed she usually puts on PPE when the wound drainage was bad but since this wound does not have a lot of drainage, she did not need to put a gown on.</p> <p>During an interview on 5/8/2025 at 2:07 pm with the IP revealed if a resident's wound had drainage, then it was expected that you wore a gown.</p> <p>46579</p> <p>2. An observation on 5/6/2025 at 12:20 pm revealed that Certified Nursing Assistant (CNA) HH, was passing trays to residents during the noon meal. It was observed that after exiting the room, CNA HH pulled out an opened bottle of hand sanitizer from her scrub pocket, opened the lid, poured some sanitizer out of the bottle on to the palm of her hand, closed the lid and placed the bottle back into her pocket. She then was observed rubbing in the sanitizer until dry.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview with CNA HH on 5/6/2025 at 12:25 pm revealed she thought the facility was in an outbreak, and stated that when passing trays, she was to use hand sanitizer in between each tray, and after the third tray, she was to wash her hands. She then revealed that she had removed the bottle from the top of the food cart, so the bottle was clean when she had first used it and placed it in her pocket. She then revealed that was why she was using it from her pocket, because the bottle was clean.</p> <p>An interview on 5/6/2025 at 12:40 pm with CNA II revealed she did not carry bottles of hand sanitizer in her pocket. She stated that the bottles were found on top of the food cart, and dispensers were in the rooms behind the doors. She then revealed that it should be used before and after each resident, but she thought the bottle should not be kept in the scrub pocket because it would be a cross-contamination issue, especially during an outbreak.</p> <p>An observation on 5/6/2025 at 12:25 pm revealed the Certified Dietary Manager (CDM) was in the dining room assisting with residents. It was observed that he was wearing a pair of gloves. He was then observed walking to the nourishment room and attempted to enter the code to unlock the room door, with the same gloves on. It was observed that his attempt was unsuccessful, and he went back to the dining room. After he was observed leaving the resident's side, the CDM was then observed walking to the door that went outside to the sidewalk that led to the kitchen.</p> <p>An interview on 5/6/2025 at 12:40pm with the CDM revealed that he was not supposed to walk the hallway with gloves on, but he then stated that since they were in an outbreak of some sort and he would be bringing a food cart to the building, he would be wearing them. He confirmed that he was wearing gloves and did go to the nourishment room and attempted to enter the code with his gloves on. He went on to reveal because they were in an outbreak, he would bring a pair of gloves with him when he left the kitchen and came to the main building with a food cart. He revealed when they were ready to return to the kitchen after bringing the food carts, he would go to the door, remove gloves, and then enter the code to the door, then apply hand sanitizer. He then would go back to the kitchen door and dispose of the used gloves and would then wash his hands. He then revealed that this system of moving food trays and carts to the dining room had just started today.</p> <p>Interview on 5/8/2025 at 3:00 pm with the IP revealed the CDM was never told that gloves should be worn to pass out trays to residents. She then revealed that gloves should never be worn in the hallway and should be removed before attempting to enter a code on a door.</p> <p>During an observation on 5/7/2025 at 12:15 pm during meal tray pass, CNA DD and CNA EE were observed entering a room that had signage for Droplet Precautions and EBP. They both entered the room with a tray, without donning any PPE. They both had a mask on when they entered the room. When they exited the room, they did not perform hand hygiene nor did they discard and don a clean mask after exiting the room.</p> <p>During an interview on 5/7/2025 at 12:18 pm, CNA EE revealed when a resident was on Droplet Precautions, we were to don PPE before going into the room. She was then asked when PPE should be worn, and she stated, Every time you enter the room. She confirmed she did not don PPE, but she probably should have.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 5/7/2025 at 12:23 pm, CNA DD was asked why the resident was on Droplet Precautions. She stated it was because of the flu bug. She stated that she did not know the difference between the two (droplet precautions and EBP). She stated that she was told that she did not need to wear PPE if she was just delivering a tray.</p> <p>Interview on 5/7/2025 at 12:24 pm with CNA EE revealed that a resident will be on EBP when they have an open wound, a Percutaneous Esophageal Gastrostomy (PEG) Tube, and a catheter. She then stated that someone that had an infection would be on TBP. She then revealed that PPE should only be used during patient care for EBP and for Transmission-Based Precautions, should be used all the time. She then revealed that she did not don PPE before entering the room.</p> <p>Interview on 5/8/2025 at 11:26 am with CNA FF revealed that when a resident was on Droplet Precautions, PPE use was for patient care, and the PPE only needed to be gloves and mask when dropping off the tray. She also revealed that EBP were the use of gloves and a mask and TBP were the use of full PPE. It was verified that the door to the TBP room was left open.</p> <p>During an observation on 5/8/2025 at 1:05 pm, Nurse's Assistant in Training (NAT) was observed entering a Droplet Precautions room without wearing PPE or changing PPE. She was then observed exiting the room, fanning both hands in the air that had a clear gel on them. She was then asked if she was supposed to where PPE in the Droplet Precaution room. On 5/8/2025 at 11:26 am, she stated that she was told that she did not need to where full PPE to just to deliver a tray.</p> <p>An interview on 5/8/2025 at 2:15 pm with the IP revealed her Medical Director stated that the residents that tested positive for parainfluenza needed to be on Droplet Precautions. She then stated that per the facility policy, droplet precautions only needed a mask, and it needed to be changed at the exit of the room. She also stated that if a resident was on droplet precautions, then the room door should be closed.</p> <p>51215</p> <p>3. During an observation of medication pass on 5/7/2025 at 9:00 am with LPN BB revealed her cleaning shared equipment (blood pressure cuff, thermometer and pulse oximeter) prior to medication administration. LPN BB was observed using a single piece of disinfectant wipe to clean all three equipment without changing the wipe or discarding it prior to cleaning the other equipment.</p> <p>An interview on 5/7/2025 at 9:30 am with LPN BB, she confirmed that she should have used a different wipe for each of the shared equipment. She also admitted that this was a part of infection control and that she cross-contaminated the equipment when she used the same wipe to clean all three. She also revealed because the resident was not on any precautions, she thought that it was okay to clean them this way.</p> <p>An interview on 5/7/2025 at 11:01 am with the Director of Nursing (DON) revealed her stating, The nurses do know that they have to clean shared equipment and use the appropriate disinfectant and comply with the dwell time. She also stated, They can wipe it down if they want to, but my primary concern is if the resident is on any type of transmission-based precautions or droplets precaution. They do not have to clean if the resident is not on any precautions. We do have equipment covered when not in use.</p> <p>(continued on next page)</p>		

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