STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115681	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Old Capitol	310 Highway #1 Bypass Louisville, GA 30434

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and review of the facility's policies titled Labeling, Dating, and Storage, the facility failed to ensure that food was properly labeled and stored. This deficient practice had the potential to place the 88 residents receiving nutrition and hydration from the kitchen at increased risk of foodborne illness.Findings include: Review of the facility policy titled Labeling, Dating, and Storage, dated 11/11/2022, revealed the Policy Statement stated, It is the policy of [Company Name] for all partners who assist in handling, preparing, serving, and storing food and beverage items to follow the proper procedures for labeling, dating, and storage to ensure proper food safety. The Procedure section stated 1. Food and beverage items will have an identifying label as well as a received date and opened date, as applicable: for items prepared onsite, a 'use by' date will also be indicated. 2. Foods will be stored in their original or approved container and, if opened, shall be wrapped tightly with film, foil, etc. 3. Bulk food dispensing utensils (scoops) shall be stored: a. In a clean, protected location, if the scoops are used only with a food that is not a time/temperature controlled for safety food. 4. Food and beverage items will be discarded according to guidance from a government agency such as the USDA [United States Department of Agriculture] and FDA [Food and Drug Administration]; an example of approved guidance is attached to this policy. Observations during a tour of the kitchen, on 9/19/2025 from 8:15 am through 9:30 am, with the Dietary Manager (DM) revealed:Observation of the walk-in freezer: One bag of diced pepper, opened and undated. One bag of waffles, opened and undated. Observation of the walk-in cooler revealed One half of a block of butter, unlabeled and undated. Two bags of shredded cheese, opened and unlabeled. One bag of cooked chicken fajita in a small, tall plastic container with a discard date of 9/13/2025.Observation of a large floor bin containing dry rice revealed that the lid was not secured, exposing the rice to the environment. The Dietary Manager closed the lid and stated that the rice was exposed to the environment and that she would discard the rice.In an interview on 9/19/2025 at 9:45 am, the DM reported that her expectations were for the staff to monitor for food labeling per each shift and discard expired food items. She stated that the dietary staff had received training on food labeling and dating, and she planned to re-educate them.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, resident and staff interviews, record review, and review of the facility policy titled Self-Administration of Medication by Patients/Residents, the facility failed to ensure one of 34 sampled residents (R) (R43) was assessed for medication self-administration before allowing medications at the bedside. This deficient practice had the potential to place R43 at increased risk of medical complications related to medication use. Findings include:A review of the facility policy titled Self-Administration of Medication by Patients/Residents, reviewed 1/6/22025, revealed the Procedure section included, . 3. If the Licensed nurse determines the patient/resident or family member to be capable of self-administration of medications, the attending physician must write an order to that effect that includes the specific medications based off of the Self-Administration Medication Observation. Review of the clinical record for R43 revealed diagnoses including, but not limited to, vascular dementia, hemiplegia, and hemiparesis following cerebral infarction affecting the left non-dominant side. Review of the Quarterly Minimum Data Set (MDS) assessment for R43, dated 8/25/2025, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident is cognitively intact. Section GG revealed R43 had upper and lower extremity impairments on one side.Review of the physician orders for R43 revealed no order for self-administered medications.Record review of the care plan for R43 revealed no care plan for self-administering medication. Observation on 9/19/2025 at 10:28 am revealed a clear plastic medication cup containing one blue capsule and one yellow capsule, and an eight-ounce cup containing an orange liquid. In an interview on 9/19/2025 at 10:30 am, R43 revealed he took his own medications.In a concurrent interview and observation on 9/19/2025 at 10:37 am, in R43's room, the Director of Nursing (DON) and Administrator confirmed that R43 stated that he consumed medication by bedside, unsupervised. The DON and Administrator confirmed that R43 was not assessed to self-administer medication. In an interview on 9/19/2025, at 10:43 am, Licensed Practical Nurse (LPN) CC stated that she was the nurse who provided medication to R43, but was uncertain whether the resident had taken the medication prior to her leaving the room. She stated she placed the medication by the bedside and thought she observed the resident reaching for it in an attempt to ingest it. LPN CC verified that the medication consisted of one capsule of gabapentin, one capsule of potassium chloride, and a liquid combination of multivitamins and valproic acid.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interviews, record review, and review of the facility policy titled Infection Prevention-Hand Hygiene, the facility failed to ensure infection control practices were followed during wound care for one of four residents (R) (R8) with wounds. This deficient practice had the potential to place R8 at increased risk for infection due to cross-contamination. Findings include:Review of the facility policy titled Infection Prevention-Hand Hygiene, revised October 2024, revealed the Procedures section included, D. Indications Requiring Hand Wash or Hand Rub: 1. Before and after contact with the resident. 2. Before donning gloves, including sterile gloves. 7. Immediately after removal of personal protective equipment (e.g., gloves, gown, facemasks).Observation on 9/20/2025 at 1:05 pm revealed Licensed Practical Nurse (LPN) AA provided wound care for R8. Observation during the wound care revealed that the LPN changed gloves between each step of the wound care, and did not perform hand hygiene between glove changes during the wound care or between dirty and clean tasks. In an interview on 9/20/2025 at 1:35 pm, LPN AA acknowledged not sanitizing or washing her hands after glove changes. LPN AA further stated she had received education on hand hygiene.In an interview on 9/21/2025 at 9:15 am, the Director of Nursing (DON) stated that her expectation was that the nurse follow infection prevention and hand hygiene during wound care.