

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Rome		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Three Mile Road NE Rome, GA 30165	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36190</p> <p>Based on policy review, interview, and record review, the facility failed to ensure residents and/or their representatives participated in care planning conferences for four of five residents (R) (R26, R7, R51, and R29) reviewed for care conferences. The deficient practice of not inviting residents and/or family members to care planning conferences potentially could decrease resident/family satisfaction with care.</p> <p>Findings included:</p> <p>A review of the facility policy titled Care Plans, revised 7/27/2023, provided by the facility, revealed Document IDT [interdisciplinary team] attendance using Care Conference notes . Complete Care Conference Acknowledgement form with signature from patient/resident and/or resident representative, Care plan meetings should be documented in [electronic charting system]/LTC [long term care] using the Multidisciplinary Care Conference User Defined Assessment (UDA) as evidence that the care conference has taken place and occurred with the multidisciplinary team, the patient/resident and patient/resident representative, and Care plan meetings including IDT, patient/resident, and/or patient/resident representative attendance should be documented in Care Conference notes.</p> <p>A facility policy was requested addressing the residents and/or their representative's right to participate in care planning. None was provided.</p> <p>1. A review of R26's admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) date of 12/16/2024 revealed an admitted [DATE]. R26 had a Brief Interview for Mental Status (BIMS) score of five out of 15, indicating that R26's cognition was severely impaired, and had diagnoses of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, Cerebral infarction, unspecified, and hemiplegia or hemiparesis.</p> <p>A review of R26's Care Plan revised on 12/21/2024 revealed Problem: R26 plans to stay in the facility long term. An approach included Encourage RP [resident representative] to participate in care plan conferences.</p> <p>A review of R26's Care Conference forms revealed only two care conferences, dated 1/8/2020 and 10/15/2024. The latter did not list the resident representative in attendance.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of R26's care conference letters dated 1/30/2024, 4/29/2024, 7/22/2024, and 10/15/2024, provided by the facility, revealed no acknowledgment from the resident representative that the letters were delivered to the resident representative.</p> <p>During an interview on 1/7/2025 at 1:26 pm, Family Member (F) 4 was asked if she attends care conferences. F4 stated she had not received an invitation or notice of a care conference for the five years R26 had resided at the facility until recently. F4 stated she received a letter for a care conference on 12/24/2024 but requested to reschedule as 12/24/2024 was Christmas Eve. F4 stated she had not heard back yet about a new date and time for the care planning conference.</p> <p>During an interview on 1/8/2025 at 10:38 am, the MDS Coordinator (MDSC) was asked about the documentation of care conferences for R26. The MDSC stated she has been having the care plan conferences. The MDSC was asked why there were only dates 10/15/2024 and 1/8/2020 in the electronic medical record (EMR). The MDSC stated that R26's representative was at the facility all the time and they kept her informed. The MDSC was asked about formal conferences with all the discipline's input.</p> <p>During a follow-up interview on 1/8/2025 at 12:50 pm, the MDSC provided additional letters for care plan conference invitations but acknowledged there was no evidence the conferences occurred, or the invitations were sent to R26's representative. The letters were dated 1/30/2024, 4/29/2024, 7/22/2024, and 10/15/2024. The MDSC confirmed these dates were not documented in the EMR and there was no evidence of who attended and what was discussed.</p> <p>During an interview on 1/9/2025 at 10:45 am, the Director of Nursing (DON) and the Administrator were asked about care plan participation for R26. The DON stated, I understand it's not documented, and it should be.</p> <p>During a follow-up interview on 1/9/2025 at 12:38 pm, F4 was shown the scanned copies of the letters dated 1/30/2024, 4/29/2024, 7/22/2024, and 10/15/2024 and asked if she received them. F4 stated, No, she did not receive these letters. F4 stated the first care conference letter she received was dated 12/24/2024.</p> <p>2. A review of R7's Resident Face Sheet indicated the resident was admitted to the facility on [DATE] with a diagnosis of heart failure.</p> <p>A review of R7's Care Plan dated 1/3/2024 indicated the resident had cognitive loss.</p> <p>A review of R7's significant change MDS assessment with an ARD of 10/13/2024 indicated the resident had a BIMS score of six out of 15 which revealed the resident was severely cognitively impaired.</p> <p>A review of untitled documents provided by the facility, referring to the care plan meeting invitation, indicated F1 was invited to R7's care plan meetings on 3/26/2024, 6/18/2024, 9/24/2024, and 10/22/2024. There was no documentation on each of the invitations of whether the resident and/or her representative received the invitations to the care conferences.</p> <p>A review of R7's EMR failed to contain evidence that the resident and/or her representative were invited to participate in the resident's care conferences.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/7/2025 at 11:23 am, R7's F1 stated she was invited to the care plan meetings when the resident was first admitted to the facility and has not been invited recently by the facility.</p> <p>3. A review of R51's Resident Face Sheet indicated the resident was admitted to the facility on [DATE] with a diagnosis of stroke with aphasia.</p> <p>A review of R51's Care Plan dated 11/15/2024 indicated the staff could not determine a BIMS score, indicating that the assessment could not be completed due to cognitive impairment.</p> <p>A review of R51's View Care Conference documentation dated 11/19/2024 indicated the facility held a care conference but there was no evidence the resident and/or her representative were invited to participate in her care conferences.</p> <p>A review of untitled documents provided by the facility, but referred to as the care plan meeting invitation, indicated R51's representative was invited to the resident's care plan meetings on 3/12/2024, 6/4/2024, 8/27/2024, and 11/19/2024. There was no documented evidence on each of the invitations of whether the resident and/or her representative received the invitation to the care conferences.</p> <p>During an interview on 1/7/2024 at 11:53 am, R51 responded to yes/no questions and stated she did not get invited to her care conferences.</p> <p>4. A review of R29's Resident Face Sheet indicated the resident was admitted to the facility on [DATE] with a diagnosis of amyotrophic lateral sclerosis (ALS).</p> <p>A review of R29's Care Plan dated 5/17/2019 indicated the resident had a history of refusal of care.</p> <p>A review of R29's annual MDS assessment with an ARD of 10/31/2024 indicated the resident had a BIMS score of 15 out of 15, indicating no cognitive impairment. An interview with R29 was attempted but not completed due to R29's advanced ALS and difficulty speaking.</p> <p>A review of R29's Care Conferences documentation indicated the facility held care conferences on 1/23/2024 and 8/13/2024 and there was no evidence that the resident was invited to participate in her care conferences.</p> <p>A review of untitled documents provided by the facility referred to as the care plan meeting invitation, indicated R29 was invited to her care conferences on 2/20/2024, 5/21/2024, 8/13/2024, and 11/5/2024. There was no documented evidence on each of the invitations of whether the resident received the invitations to the care conferences.</p> <p>During an interview on 1/8/2025 at 2:17 pm, the Director of Social Services (DSS) stated that residents and/or their representatives were to be invited to the care conferences.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/9/2025 at 10:18 am, the DON and the Administrator were present. The DON was asked about the blank resident invitations, and how verification could be made when a resident and/or representative states they were not invited. The DON and the Administrator provided no response. During this interview, a request was made for a facility policy on the invitation of the resident and/or representative to the care conferences and DON stated she would look for another policy. No additional policy was provided by the end of the survey.</p> <p>12679</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</p> <p>Based on a review of facility policy, record review, observations, and interviews, the facility failed to ensure one of 22 sampled residents (R) (R52) reviewed for self-administration of medication was capable of storing and administering her own medication. This failure created the potential for the resident to experience a medication error related to her inability to properly self-administer the medication.</p> <p>Findings included:</p> <p>The facility's Self-Administration of Medications by Patients/Residents Policy dated most recently reviewed 1/6/2025 read, in pertinent part, Each patient who desires to self-administer medication is permitted to do so if the healthcare center's Licensed Nurse and physician have determined that the practice would be safe for the patient/resident and other patients/residents of the healthcare center; and The opportunity to self-administer medications is reviewed during the routine assessment by the healthcare centers interdisciplinary team utilizing the Electronic Health Record Observation Tool, Medication Self-Administration Observation; and If the patient/resident or family member desires to self-administer medications, an assessment is conducted by the Licensed Nurse to assess the individual's cognitive, physical, and visual ability to carry out this responsibility; and 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.</p> <p>A review of R52's Face Sheet dated 1/9/2025 revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included a history of stroke, hemiplegia, and hemiparesis following the stroke affecting the right dominant side.</p> <p>A review of R52's quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 12/2/2024 indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact.</p> <p>A review of R52's Active Orders Report dated 1/9/2025 revealed an order, with an original order date of 7/22/2023, for the resident to receive Biofreeze Gel 4.0 % (a topical gel applied to the skin to control pain) apply a dime-sized amount to her right shoulder every 12 hours. The report did not indicate orders for the resident to self-administer her own medication.</p> <p>A review of R52's comprehensive care plan revealed no documentation to address the self-administration of the resident's medications.</p> <p>A comprehensive review of R52's record revealed no assessment to determine whether the resident was able to self-administer her own medication.</p> <p>Licensed Practical Nurse (LPN) 4 was observed administering R52's medication on 1/8/2025 at 9:41 am. LPN 4 provided a medication cup with a dime-sized amount of Biofreeze Gel to the resident and left the medication with R52, stating the resident would apply the medication herself to her shoulder at a later time.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LPN 4 on 1/8/2025 at 10:01 am, she stated she was unaware she was not to leave medication unattended with R52 since she had not been assessed to be safe to self-administer her own medication.</p> <p>During an interview with R52 on 1/9/2025 at 10:17 am, she confirmed she had not been assessed to administer her own medication prior to the previous day (1/8/2025). She stated she had been assessed to self-administer her medication the previous day, but that the Biofreeze gel was going to be kept in the nurses' medication cart for safe storage moving forward.</p> <p>During an interview with the Director of Nursing (DON) on 1/9/2025 at 10:28 am, she confirmed R52 had not been appropriately assessed for self-administration of her Biofreeze and no care plan or physician's orders were in place for the resident's self-administration of medication. She stated the Biofreeze should not have been left in R52's room by LPN 4.</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</p> <p>Based on a review of facility policy, record review, and interviews, the facility failed to ensure one of five residents (R) (R58) reviewed for abuse was free from misappropriation of his personal funds when Certified Nursing Assistant (CNA4) wrote checks and cashed checks for herself from R58's personal checking account. This failure created the potential for this and other residents to experience further staff-to-resident misappropriation and created the potential for R58 to suffer negative financial consequences related to the misappropriation.</p> <p>Findings included:</p> <p>The facility's Abuse Prevention and Reporting Policy dated most recently revised on 8/18/2023 read, in pertinent part, Exploitation: Unjust or improper use of another person's or his/her property through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own profit or advantage; and This (facility) will not tolerate abuse, neglect or exploitation of its residents by anyone. Such incidents will be reported to all appropriate authorities, agencies, and registries, and a written copy as such reports maintained in a central file and the resident's file.</p> <p>A review of R58's Face Sheet dated 1/9/2025 revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included type 2 diabetes and depression.</p> <p>A review of R58's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 11/8/2024 indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (which indicated the resident was cognitively intact).</p> <p>A review of R58's comprehensive progress notes dated 1/1/2025 through 1/9/2025 revealed nothing to indicate the misappropriation of the resident's property/money.</p> <p>A review of the facility's documentation from 1/1/2025 through 1/9/2025 revealed an incident dated 1/3/2025 when a staff member misappropriated personal money belonging to R58.</p> <p>A review of the facility's investigation of the misappropriation of R58's funds dated 1/9/2025 revealed a thorough investigation into the incident and revealed the investigation was conducted with input and coordination with the local police department and the resident's bank. The investigation revealed the facility was able to substantiate that CNA4 misappropriated an undetermined amount of money from the resident's personal bank account by obtaining the resident's checkbook, writing checks to herself, and then cashing the checks. CNA4 was placed on leave immediately after the misappropriation was reported and then terminated based on the investigation findings.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with R58 on 1/7/2025 at 12:12 pm, he confirmed the money had been misappropriated from his personal bank account and he had reported the missing funds to facility administration on 1/3/2025. The resident stated that CNA4 had access to the personal checkbook he kept in his room since he had previously requested she assist him with writing checks out for him. He stated he would then sign the checks himself. R58 stated, She (CNA4) wrote herself checks and completely wiped me out. R58 indicated he was upset and disappointed because he had previously had a good relationship with CNA4 and had never had any other issues with her. He stated, (CNA4) has been good to me. I am very surprised about this. R58 denied he had ever been abused by anyone at the facility before the incident. He stated the Director of Nursing (DON) and Administrator were investigating the situation, along with his bank and the police, and stated they were keeping him updated on the progress of the investigation.</p> <p>During an interview with the DON and Administrator on 1/9/2025 at 10:36 am, both confirmed the allegation that money had been misappropriated from R58 by CNA4 and confirmed CNA4 had been terminated related to the incident. Both stated their expectation was residents were to be free from abuse, including misappropriation of funds. The DON stated, Money should not be taken from any resident by any staff member in the facility.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</p> <p>Based on policy review, observations, record review, and staff interviews, the facility failed to ensure one of three residents (R) (R3) reviewed for accidents was appropriate for the use of side rails on her bed. This failure created the potential for the resident to be injured related to potentially unnecessary side rails installed and in use on her bed.</p> <p>Findings included:</p> <p>The facility's Bed Rails Policy dated most recently revised on 8/8/2024, read, in pertinent part, It is the policy of Pruitthealth and its affiliated healthcare centers (collectively, the Organization) that healthcare center patients (including those referred for rails, except when the use of bed rails has been appropriately determined to be medically necessary in accordance with this policy or in instances where the use of bed rails has been specifically requested by the patient or the patient's representative.</p> <p>A review of R3's Face Sheet dated 1/9/2025 indicated the resident was admitted to the facility on [DATE]. The document indicated the resident's diagnoses included severe dementia and adult failure to thrive. The document indicated that R3 was receiving hospice services.</p> <p>A review of R3's quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 12/14/2024 revealed a Brief Interview for Mental Status (BIMS) score of five out of 15, which indicated the resident was severely cognitively impaired. The assessment indicated R3 was completely dependent upon staff (staff did all the work) to move about in her bed and to transfer in and out of her bed and was receiving hospice services. The assessment did not indicate side rails were in use for R3.</p> <p>A review of R3's Active Orders Report dated 1/9/2025 indicated orders with an original order date of 9/13/2024 for the resident's use of quarter side rails on her bed for turning and repositioning.</p> <p>A review of R3's Activities of Daily Living (ADL) Care Plan most recently dated 12/27/2024 indicated the resident was no longer safely able to be transferred in and out of her bed due to her fragile condition and indicated the resident was completely dependent upon staff to turn and reposition in her bed. The care plan indicated an intervention dated 9/14/2024, which directed Padded (quarter) side rail for turning and repositioning (in bed).</p> <p>A review of R3's Side Rail assessment dated [DATE] indicated the use of quarter side rails on both sides of her bed as an enabler to promote resident mobility, positioning, and independence. The document revealed nothing to indicate the rails were in use per the request of the resident or her representative.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3 was observed lying in her bed with quarter side rails in the raised position at the head of her bed on 1/7/2025 at 11:54 am, 1:19 pm, 2:49 pm, and 4:44 pm, on 1/8/2025 at 9:25 am, 11:18 am, 12:45 pm, 1:55 pm, and 3:43 pm. R3 was observed to be unresponsive or minimally responsive during each of the observations. R3 was not able to be interviewed due to her poor cognition.</p> <p>R3 was observed along with Licensed Practical Nurse (LPN) 5 on 1/8/2025 at 3:43 pm. R3 was lying in her bed and was minimally responsive. LPN 5 confirmed that both residents' bed rails were raised at the head of her bed. LPN 5 confirmed that R3 was not able to roll from left to right or move about independently in her bed and was no longer able to be transferred in or out of her bed due to the decline in her health condition. LPN 5 indicated the resident's bed rails might be in use to prevent the resident from falling out of her bed and stated the resident would not be able to use the rails to assist staff or herself in moving about in bed.</p> <p>R3 was observed along with the Director of Nursing (DON) on 1/8/2025 at 3:57 pm. The DON confirmed the resident's rails in raised on both sides of her bed and stated the resident no longer needed the rails since she was not able to use the rails for bed mobility any longer.</p> <p>During an interview with the DON and the Administrator on 1/9/2025 at 10:25 am, both confirmed R3's rails were not necessary and confirmed the rails had been discontinued earlier that morning. The DON stated her expectation was bed rails were not to be utilized for residents who don't need them.</p> <p>R3's Hospice Provider was contacted by phone on 1/9/2025 at 12:56 pm. The survey team was not able to reach the provider for an interview related to the resident's use of bed rails.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39540</p> <p>Based on observation, interview, and document review, the facility failed to ensure a Certified Nursing Assistant (CNA3) provided care as educated through training and in-services for residents in isolation positive for 2019-nCoV, by not applying the appropriate Personal Protective Equipment (PPE) while providing care for two of nine residents (R) (R35 and R58) on special droplet isolation on the long 100 hallway. As a result of this deficient practice, the residents had the potential for harm by spreading the 2019-nCoV to residents who previously tested negative.</p> <p>Findings included:</p> <p>A review of the employee record for CNA3 revealed a hire date of 9/3/2024. Documentation in the record revealed an orientation checklist.</p> <p>A review of the Position Description Acknowledgement in the employee file for CNA3 documented I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants, and hazardous chemicals and that the healthcare center should provide to me instructions on how to prevent and control such exposures. The form was signed by CNA3 and dated 9/3/2024.</p> <p>A review of a document from an online training system revealed a Certificate of Completion (2019-nCoV) Long Term Care Requirements on 9/3/2024 for CNA3.</p> <p>A review of the in-service sign-in sheet titled Isolation PPE with content including Before entering a (2019-nCoV) POSITIVE room, put on ALL NEW PPE, including gown, gloves, face shield, and N95 masks. DO NOT walk away from the room with PPE on. Before leaving the room, remove all PPE and place it in the trashcan in the room. Sanitize hands. After leaving the room, change the N95 mask DO NOT wear gloves in the hallways. CNA3's signature was dated 11/7/2024, documenting that the training was done.</p> <p>A review of the in-service sign-in sheet for the CNA Annual Skills Fair course description Annual Skills Fair competency checklist for HCC CNA partners revealed The listed subjects have been reviewed with me during orientation and upon the Annual Skills fair. I understand, that during my assignment, I will observe the requirements of the policies. I am aware provider policies and procedures are subject to change based on the changes of [NAME] Health policies and procedures and I am aware of how to review policies for updates. The content included donning (putting on) and doffing (taking off) of PPE, and hand hygiene, CNA3 signature was dated 11/24/2024, documenting the skills review training was completed.</p> <p>A review of the in-service sign-in sheet titled Proper use of PPE for COVID (2019-nCoV) and Flu (Influenza), dated 12/30/2024 was conducted by the Clinical Competency Coordinator (CCC) and the Infection Control Preventionist. CNA3 signature, was on the sign-in sheet, documenting the training was received.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R35's Face Sheet revealed an admitted d 1/2/2017 and readmission on 1/2/2025 with a medical diagnosis that included pneumonia.</p> <p>A review of the EMR CCD (Continuity of Care Document) revealed that R35 tested positive for 2019-nCoV on 1/4/2025.</p> <p>A review of R58's Face Sheet revealed an admitted d 8/30/2023 and readmission on 1/2/2025 with medical diagnoses that included diabetes Type II, and 2019-nCoV acute respiratory disease.</p> <p>A review of the EMR CCD (Continuity of Care Document) revealed that R58 tested positive for 2019-nCoV on 1/4/2025.</p> <p>An observation on 1/6/2025 at 11:37 am revealed Certified Nursing Assistant (CNA)3 was inside the room for R35 who was on special droplet precautions providing care by taking the resident's vital signs. CNA3 was using PPE by wearing an N95 mask and gloves only.</p> <p>During an interview on 1/6/2025 at 11:44 am, when questioned about wearing PPE for the care provided to R35, CNA3 said she had not read the signs posted on the door that read All personnel to follow the directions below: before entering the room, wash hands, wear a gown and remove before exiting the room, wear an N95 mask, protective eyewear, and gloves to remove before exiting the room.</p> <p>An observation on 1/6/2025 at 1:38 pm revealed that CNA3 entered the room for R35 and R58. Both residents were on special droplet isolation due to positive 2019-nCoV, to address a loud argument between the residents about food on the lunch trays. CNA3 entered the room to de-escalate the argument. CNA3 was wearing PPE that included an N95 mask and gloves only.</p> <p>During an interview on 1/9/2025 at 10:35 am, the Director of Nursing (DON) confirmed that CNA3 had been educated about the use of PPE and should have applied the knowledge to resident care. The DON checked the camera in the hallway for the long 100 hallway and confirmed that CNA3 had not worn proper PPE when entering rooms for residents on special droplet precautions and should have worn PPE when entering the room.</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36190</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide resident-specific activities as interventions for wandering into other resident rooms for one of 22 sampled residents (R) (R77).</p> <p>Findings included:</p> <p>A review of the facility policy titled Procedure: Care of the Wandering Resident, dated 2019, provided by the facility revealed 2. Continuously reorient the resident to his or her room and belongings 3. Encourage group activities and attempt to keep the resident occupied 8. Ask the resident to fold towels and washcloths, or sort other harmless items . 13. Tag team with other staff so someone is responsible and available to visually monitor the resident at all times.</p> <p>A review of R77's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 10/6/2024 revealed an admitted [DATE]. R77 had a Brief Interview for Mental Status (BIMS) score of 99 out of 15 indicating R77's cognition was severely impaired, had behaviors of wandering, wandering placed the resident at significant risk of getting to a potentially dangerous place, and wandering did not significantly intrude on the privacy of activities of others, and had diagnoses severe intellectual disabilities, schizophrenia, unspecified, and Alzheimer's disease. This MDS documented that R77 liked books/magazines, music, and religious services as her activities.</p> <p>A review of R77's Care Plan revised on 1/8/2025 revealed: Problem: [R77] is noted with Presence of Behavioral Symptoms such as going into other resident's rooms taking their personal belongings and (going) into other resident's rooms to sit. Approaches included Redirect resident. Assist with diverting attention such as recommending an activity such as getting coffee and Intervene as needed to protect the rights and safety of others; approach in a calm manner, divert attention, remove from the situation, and take to another location as needed. This Care Plan did not include R77's identified activities of choice as an intervention for her wandering.</p> <p>On 1/6/2025 at 4:51 pm, R77 was observed wandering into room [ROOM NUMBER].</p> <p>On 1/7/2025 at 11:24 am, Family Member (F)4 stated R26's stuffed Koala bear was missing. R77 was observed wandering into R26's roommate's side of the room and sitting on the bed. At 11:29 AM Licensed Practical Nurse (LPN)1 walked into R26's room. LPN1 was asked about R26's missing bear. LPN1 stated R77 most likely picked it up and there was no way keeping R77 from walking in and out of other resident rooms and picking up their things. LPN1 stated she understands it's resident's right to have personal items without others picking them up. LPN1 was asked what was in place to prevent R77 from wandering in other resident rooms and picking up other residents' property. LPN1 stated, Just keep an eye on her and bring back the items. At this time R77 was observed entering R26's side of her room during LPN1's interview. LPN1 and F4 attempted to redirect R77 three times out of the room when R77 finally exited the room. LPN1 stated they constantly intervene for R77.</p> <p>On 1/8/2025 at 10:14 am, R77 was observed walking into room [ROOM NUMBER] and sitting on bed A. The nurse redirected her out of the room. R77 then walked into room [ROOM NUMBER].</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/8/2025 at 10:29 am, Certified Nurse Aid (CNA)1 was asked about R77's wandering into other resident rooms. CNA1 stated, (R77) wanders in and out of resident rooms and picks up other resident's things. CNA1 stated the only intervention in place was to redirect the resident.</p> <p>On 1/8/2025 at 1:40 pm, R77 was observed wandering into room [ROOM NUMBER] which was under Enhanced Barrier Precautions (EBP). Housekeeper (HK)1 was in the hallway and was asked what she did when R77 wandered into another resident's room. HK1 stated, R77 is redirected.</p> <p>During an interview on 1/8/2025 at 3:23 pm, the Director of Nursing (DON) was asked about R77's wandering in other resident rooms and what was in place to prevent her wandering. DON stated, Just redirecting her, involving (R77) in activities, placing (R77) one-on-one with staff, medication adjustment, and (R77) was referred to mental health services. The DON stated, That's all that can be done and no one has complained of missing items. The DON was informed that R77 had taken personal items from other resident rooms.</p> <p>During a follow-up interview on 1/9/2025 at 10:36 am, the DON stated that her expectation was for staff to work with R77 with more activities and for one-on-one staff monitoring.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36190</p> <p>12679</p> <p>39540</p> <p>18947</p> <p>Based on policy review, interview, and record review, the facility failed to ensure residents and/or their representatives were informed of the risks of psychotropic medications for five of five residents (R) (R83, R29, R37, R33, and F58) reviewed for psychotropic medications. The deficient practice could potentially cause residents and/or their representatives to make uninformed decisions about their treatment, increasing the risk of adverse reactions.</p> <p>Findings included:</p> <p>A review of the facility policy titled Unnecessary Medications Use and Monitoring, reviewed 12/5/2024, provided by the facility, revealed no mention of the discussion of the risks versus the benefits.</p> <p>1. A review of R83's admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) date of 11/21/2024, in the electronic medical record (EMR), revealed an admitted [DATE]. R83 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 indicating R83's cognition was moderately impaired, was taking antianxiety and antidepressant medications, and had diagnoses of anxiety and depression.</p> <p>A review of R83's Orders revealed buspirone tablet; 5 mg [milligrams]; amt [amount]: 1 tab; oral At Bedtime 9:00 pm, dated 11/15/2024 and Lexapro (escitalopram oxalate) tablet; 10 mg; amt: 1 tab; oral Once A Day 9:00 am, dated 12/4/2024.</p> <p>A review of R83's Care Plan revised 11/18/2024, located in the EMR revealed Problem: R83 has an order for Psychotropic Drug Use. Dx [diagnosis]. Depression and Anxiety.</p> <p>A review of R83's Consent, dated 1/8/2025, located in the EMR under the Resident Document tab, revealed Verbal Consent from [name] - Family Member (F)2 for Buspar- Anxiolytics, Sedatives and Hypnotics and Lexapro- Psychotherapeutic Agents Antidepressants. There was no evidence that the risks versus benefits were discussed.</p> <p>During an interview on 1/8/2025 at 1:19 pm, the Social Service Director (SSD) was asked if risks and benefits were discussed with R83 and/or a representative for the two antidepressant medications when consent was obtained on 1/8/2025. The SSD stated she was not aware of the requirement to discuss risks vs benefits for all psychotropic medications.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/9/2025 at 9:54 am, F3 was asked if risk versus benefits were discussed when consent was obtained for R83's two antidepressants. F3 stated she was with F2 when the facility called on 1/8/2025 to obtain permission to administer psychotropic medications and only permission was requested. F3 stated the risks versus benefits were not discussed.</p> <p>2. A review of R29's Resident Face Sheet indicated the resident was admitted to the facility on [DATE] with a diagnosis of amyotrophic lateral sclerosis (ALS).</p> <p>A review of R29's Care Plan dated 3/15/2021 indicated the resident used psychotropic medications for diagnoses of anxiety and depression.</p> <p>A review of R29's physician orders dated 12/20/2022 indicated the resident was ordered alprazolam (an antianxiety) 0.5 mg to be administered orally one time a day for a diagnosis of anxiety.</p> <p>A review of R29's EMR titled physician orders located dated 2/26/2024 indicated the resident was ordered citalopram (an antidepressant) 10 mg to be administered orally one time a day for a diagnosis of depression.</p> <p>A review of R29's annual MDS with an ARD of 10/30/2024 indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact. The assessment indicated the resident was administered an antianxiety and an antidepressant during the assessment period.</p> <p>A review of R29's EMR failed to contain evidence that the resident and/or her representative were provided risks versus benefits for the use of antianxiety and antidepressant medication.</p> <p>3. A review of R37's Resident Face Sheet indicated the resident was admitted to the facility on [DATE] with a diagnosis of post-stroke.</p> <p>A review of R37's Care Plan dated 9/11/2024 indicated the resident used psychotropic medications for depression. The care indicated the resident used an antipsychotic medication for dementia behaviors.</p> <p>A review of R37's physician orders dated 9/20/2024 indicated the resident was ordered citalopram 40 mg to be administered orally one time a day for depression.</p> <p>A review of R37's physician orders dated 9/20/2024 indicated the resident was ordered quetiapine 12.5 mg to be administered at bedtime for behavioral symptoms related to dementia.</p> <p>A review of R37's quarterly MDS with an ARD of 12/13/2024 indicated the staff could not determine the resident's BIMS score but revealed the resident had short and long-term memory problems. The assessment indicated the resident was administered an antipsychotic and an antidepressant during the assessment period.</p> <p>A review of R37's EMR failed to contain evidence that the resident and/or her representative were provided risks versus benefits for the use of an antianxiety and an antipsychotic.</p> <p>During an interview on 1/8/2025 at 1:11 pm, the Director of Social Services (DSS) confirmed there were no risks versus benefits in the clinical records for R29 and R37.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. A review of R33's Face Sheet revealed an admitted d 8/22/2018 and readmission on 11/23/2024 with medical diagnoses that included unspecified dementia, psychotic disturbance, mood disturbance, major depressive disorder, anxiety disorder, acute respiratory failure, and 2019-nCoV acute respiratory disease.</p> <p>A review of R33's annual MDS with an ARD of 9/17/2024, revealed a BIMS score of five out of 15, indicating R5 was severely cognitively impaired.</p> <p>A review of the physician orders documented on 1/27/2023 physician orders for buspirone tablet 5 mg every 12 hours for anxiety, 1/27/2023 mirtazapine tablet 7.5 mg at bedtime for depression, and 8/22/2023 trazodone table 150 mg at bedtime for depression for R33.</p> <p>A review of the Care Plan for R33 revealed R33 was at risk for adverse side effects related to (r/t) Psychotropic medication used for Depression and Anxiety with interventions for Behavior/mood monitoring as ordered and monitor for side effects.</p> <p>A review of the progress notes for R33 lacked documentation on the risks and benefits of the antianxiety and antidepressant medications were provided to R33's representative.</p> <p>A review of the Observations tab in the EMR for R33 lacked the document titled Consent for Use of Psychotropic Medications, which included the risks and benefits of the antianxiety and antidepressant medications.</p> <p>5. A review of R58's Face Sheet dated 1/9/2025 revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included type 2 diabetes and depression.</p> <p>A review of R58's quarterly MDS assessment, with an ARD of 11/8/2024 indicated a BIMS score of 15 out of 15 (which indicated the resident was cognitively intact). The assessment indicated R58 was receiving routine antidepressant medication and indicated the resident did not exhibit any signs or symptoms of depression during the assessment reference period.</p> <p>A review of R58's Order Summary Report dated 1/9/2025 revealed an order, with an original order date of 12/11/2023, for Duloxetine (an antidepressant medication) 60 mg by mouth every twelve hours for depression.</p> <p>A review of R58's Psychotropic Medication Care Plan dated 11/24/2024 revealed the resident was receiving antidepressant medication for his depression. Interventions included providing antidepressant medications as needed and notifying the physician and resident/resident representative (of medication activity) as needed.</p> <p>A review of R58's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated 12/1/2024 through 1/9/2025 and found in the EMR revealed the resident's Duloxetine was being administered as ordered.</p> <p>A review of R58's comprehensive record revealed nothing to show risks and benefits were discussed for the administration of R58's psychotropic (antidepressant) medication.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/9/2025 at 10:18 am, the Director of Nursing (DON) and Administrator were present. The DON stated there was a form in the EMR that addressed risks versus benefits and confirmed there was no documented evidence that this was in place for R83, R29, R37, R33, and 58.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36190</p> <p>Based on policy review, observation, interview, and record review, the facility failed to ensure the dish machine operated at the correct temperature and that equipment and surfaces were kept clean and in good repair. This had the potential to affect 82 of 82 residents who received meals prepared in the facility's kitchen.</p> <p>Findings included:</p> <p>A review of the facility policy titled Cleaning Procedures: Kitchen Area, revised 8/3/2017, provided by the facility, revealed Monthly: 1. Take out removable drawers and wash them with a detergent and warm water. 2. Rinse shelves and drawers with a clean sponge or cloth. 3. Sanitize using appropriate strength solution. Check walls, ceilings, floors, and vents for chipped and/or peeling paint, and keep in good repair. Control lighting, ventilation, and humidity to prevent moisture condensation and the growth of molds and mildew. Monthly: wash the walls, ceilings, doors, and vents with hot water and detergent. Heavily soiled surfaces need to be cleaned more often. The type of surface determines the type of detergent needed and the cleaning method to use.</p> <p>A review of the facility policy titled Dishwashing, revised 8/3/2017, provided by the facility revealed, Temperature Guide: Adhere to the Manufacturer's guidelines for appropriate temperature ranges.</p> <p>A review of the kitchen's working copy of the Cleaning Assignments Form - Daily, provided by the facility revealed Walls: Clean behind shelves and work areas daily, Work Tables: Tops/shelves/legs clean, and Range: Clean Surface Areas, Clean Drip Pans were marked as completed on 1/7/2025 and 1/8/2025. No working copies for weekly or monthly cleaning schedules were provided.</p> <p>1. On 1/6/2025 at 10:07 am, the dish machine was observed with the Dietary Manager (DM) while in use. The wash cycle measured 104 degrees Fahrenheit (F), and the rinse cycle measured 110 degrees F. Dietary Aide (DA)2 was asked if the temperatures of the dish machine should be higher. DA2 stated maintenance checked the machine at the beginning of use and the temperatures were good. DA2 went on to say, As the machine is used, temperatures drop. A review of the January 2025 dish machine log, for dates 1/1/2025 through 1/6/2025, located on the wall revealed the wash cycle temperature ranged from 120 degrees F to 125 degrees F and the rinse cycle temperature ranged from 123 degrees F to 124 degrees F.</p> <p>On 1/6/2025 at 3:35 pm, the dish machine was observed with the DM at the end of washing the lunch dishes. The dish machine's wash cycle measured 105 degrees F, and the rinse cycle measured 118 degrees F. The dish machine's manufacturer's requirements posted on the machine were reviewed with the DM. The posted plaque revealed 120 degrees F for the wash cycle and 130 degrees F for the rinse cycle. The DM stated the dish machine company checked the dish machine in December 2024. The DM was asked if the hot water supply was lasting long enough to get through all the dishes. The DM stated she did not know but would ask maintenance.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/7/2025 at 3:41 pm, the dish machine was observed in progress. The wash cycle measured 118 degrees F and the rinse cycle measured 122 degrees F. The DM was asked again about the temperatures. The DM stated the dish machine company would be at the facility on 1/7/2025 to check it.</p> <p>2. On 1/7/2025 at 3:01 pm, DA1 was observed loading soiled trays on the rack and then handling clean glasses without washing his hands. The DM was asked to observe DA1 on the dish machine while he was working the dish machine and asked if DA1 should have washed his hands before touching clean dishes. The DM observed DA1 and stated, Yes, then instructed DA1 to wash his hands between soiled and clean dishes.</p> <p>3. On 1/6/2025 at 10:06 am, 1/7/2025 at 3:02 pm, and 1/9/2025 at 11:21 am, the kitchen observations were conducted with the DM present:</p> <p>The two drawers in the production table storing serving utensils were noted to be soiled with hardened food particles.</p> <p>The outside of the range/ovens and fryer contained an accumulation of grease and food particles.</p> <p>The wall above the three-compartment sink contained a build-up of dark mold-like substance.</p> <p>The baseboard was missing from the column in the dish room and the painted surfaces were broken. On 1/6/2025 at 10:06 am, the DM stated they had discussed repairing the surfaces and the baseboard. The DM stated that the last time the kitchen was updated was in 2013.</p> <p>During a telephone interview on 1/9/2025 at 12:41 pm, the Registered Dietitian (RD) was asked about kitchen sanitation. The RD was asked about the wall above the three-compartment sink, the grease and food build-up on the range and fryer exterior and drawers, the broken baseboard in the dish room, the dish machine temperatures not per manufacturer requirements and DA1 not washing his hands before touching clean dishes. The RD stated the kitchen staff were to be constantly aware of the risk of cross-contamination, use two people to wash dishes, if possible, ensure the cleaning schedule was being used and followed to identify sources of a breach, keep equipment clean, etc.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Rome		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Three Mile Road NE Rome, GA 30165	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39540</p> <p>36190</p> <p>18947</p> <p>Based on observation, interview, record review, Centers for Disease Control and Prevention (CDC) guidance, and policy review, the facility failed to follow the COVID policies regarding how to contain the COVID virus and prevent the spread, in that the policies indicated 1; the door to the COVID positive residents' rooms were to be kept closed and that staff were to wear Personal Protective Equipment (PPE) of a gown, mask, face shield and gloves when upon entering resident's room to provide care to residents positive for COVID; 2. to ensure transported dishes from COVID positive residents were covered and dishes were washed at 120 degrees Fahrenheit (F) temperature to sanitize, and 3. infection control measures during medication pass were to be followed for one resident (R52).</p> <p>The facility failed to ensure room doors remained closed for the residents who had tested positive for COVID-19 nine of 16 residents in the long (male) 100 hallway (Resident (R)81, R20, R35, R58, R43, R33, R65, R31, and R50) and the short (female) 100 hallway failed to ensure doors were closed for five of 15 residents (R19, R36, R47, R2, and R1). Staff failed to apply proper PPE when in a COVID-positive resident's room (R35, R58, R43, and R33). The facility failed to ensure dishes removed from COVID-positive resident rooms were covered for transport to the kitchen and cleaning was done at the manufacturer's recommended temperatures.</p> <p>On 1/7/2025, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on 1/7/2025, at 10:20 am. The noncompliance related to the IJ was identified to have existed on 12/28/2024.</p> <p>An Acceptable Removal Plan was received on 1/9/2025. Based on observation, record review, a review of facility policies as outlined in the Removal Plan, and staff interviews, it was validated that the corrective plans and the immediacy of the deficient practice were removed on 1/9/2025. The facility remained out of compliance while the facility continued management-level staff oversight as well as continuing to develop and implement a Plan of Correction (POC). This oversight process includes an analysis of the facility staff's conformance with the facility's policies and procedures governing infection control.</p> <p>Findings included:</p> <p>1. An observation on 1/6/2025 at 10:46 am, on the long (male) 100 hallway revealed doors were open for five rooms housing R81, R20, R35, R58, R43, R33, R65, R31, and R50 and the doors had signs stating the doors were to be closed due to special droplet precautions being in place.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>a. A review of R81's Face Sheet, located in the electronic medical record (EMR) under the Face Sheet tab, revealed an admitted [DATE] and readmission on 1/2/2025, with medical diagnoses that included sepsis and 2019-nCoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R81 tested positive for COVID-19 on 1/4/2025.</p> <p>b. A review of R20's Face Sheet located in the EMR under Face Sheet revealed an admitted d 3/2/2022 and readmission on 12/31/2024 with medical diagnoses that included contact with and (suspected) exposure to other viral communicable diseases, wheezing, and 2019-nCoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R20 tested positive for COVID-19 on 1/4/2025.</p> <p>c. Review of R35's Face Sheet located in the EMR under Face Sheet revealed an admitted d 1/2/2017 and readmission on 1/2/2025 with a medical diagnosis that included pneumonia.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R35 tested positive for COVID on 1/4/2025.</p> <p>d. A review of R58's Face Sheet located in the EMR under Face Sheet revealed an admitted d 8/30/2023 and readmission on 1/2/2025 with medical diagnoses that included diabetes Type II, and 2019-nCoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R58 tested positive for COVID-19 on 1/4/2025.</p> <p>e. A review of R43's Face Sheet located in the EMR under Face Sheet revealed an admitted d 7/17/2024 and readmission on 12/19/2024 with a medical diagnosis that included unspecified dementia.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R43 tested positive for COVID-19 on 1/4/2025.</p> <p>f. A review of R33's Face Sheet located in the EMR under Face Sheet revealed an admitted d 8/22/2018 and readmission on 11/23/2024 with medical diagnoses that included pneumonia, acute respiratory failure, and 2019-nCoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R33 tested positive for COVID-19 on 1/4/2025.</p> <p>g. A review of R65's Face Sheet located in the EMR under Face Sheet revealed an admitted d 02/11/23 and readmission on 4/23/2024 with medical diagnoses that included diabetes Type II, and 2019-nCoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R65 tested positive for COVID-19 on 1/1/2025.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>h. A review of R31's Face Sheet located in the EMR under Face Sheet revealed an admitted d 3/25/2015 and readmission on 9/8/2024 with medical diagnoses that included pneumonia, and 2019-NCoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R31 tested positive for COVID-19 on 1/1/2025.</p> <p>i. A review of R50's Face Sheet located in the EMR under Face Sheet revealed an admitted d 8/10/2023 and readmission on 1/7/2025 with medical diagnoses that included chronic obstructive pulmonary disease (COPD), chronic respiratory failure, and 2019-CoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R50 tested positive for COVID-19 on 1/1/2025.</p> <p>An observation on 1/6/2025 at 10:48 am of the short (female) 100 hallway, revealed doors were open for three rooms housing R19, R36, R47, R2, and R1 and the doors had signs stating the doors were to be closed due to special droplet precautions being in place.</p> <p>j. A review of R19's Face Sheet located in the EMR under Face Sheet revealed an admitted d 10/16/2024 and readmission on 12/3/2024 with medical diagnoses that included chronic obstructive pulmonary disease (COPD), chronic respiratory failure, and 2019-CoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R19 tested positive for COVID-19 on 12/28/2024.</p> <p>k. A review of R36's Face Sheet located in the EMR under Face Sheet revealed an admitted d 7/1/2020 and readmission on 2/5/2023 with medical diagnoses that included chronic obstructive pulmonary disease (COPD), and 2019-CoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R36 tested positive for COVID-19 on 12/28/2024.</p> <p>l. Review of R47's Face Sheet located in the EMR under Face Sheet revealed an admitted d 01/27/23 and readmission on 10/5/2024 with medical diagnoses that included wheezing and 2019-CoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R47 tested positive for COVID-19 on 12/30/2024.</p> <p>m. A review of R2's Face Sheet located in the EMR under Face Sheet revealed an admitted d 11/21/2022 with medical diagnoses that included pneumonia, and 2019-CoV acute respiratory disease.</p> <p>A review of the EMR CCD-Continuity of Care Document revealed that R2 tested positive for COVID-19 on 12/28/2024.</p> <p>n. Review of R1's Face Sheet located in the EMR Face Sheet revealed an admitted d 12/24/2011 and readmission on 5/7/2024 with medical diagnoses that included spastic quadriplegic cerebral palsy, and 2019-CoV acute respiratory disease.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of the EMR CCD-Continuity of Care Document revealed that R1 tested positive for COVID-19 on 12/28/2024.</p> <p>An observation on 1/6/2025 at 11:37 am revealed a Certified Nursing Assistant (CNA)3 was inside the room for R35 who was on special droplet precautions providing care by taking the resident's vital signs. CNA3 was using PPE by wearing an N95 mask and gloves only.</p> <p>During an interview on 1/6/2025 at 11:44 am, when questioned about wearing PPE for the care provided to R35, CNA3 said had not read the signs posted on the door that read All personnel to follow the directions below: prior to entering the room, wash hands, wear a gown and remove before exiting the room, wear an N95 mask, protective eyewear, and gloves to remove before exiting the room.</p> <p>An observation on 1/6/2025 at 11:30 am revealed that housekeeper (HK) 1 was cleaning the room for R43 and R33 who were on special droplet precautions. The housekeeper was using PPE by wearing an N95 mask and gloves only.</p> <p>During an interview on 1/6/2025 at 11:30 am, HK1 explained being told the room for R43 and R33 was not an isolation room and therefore did not wear proper PPE and did not read the signs posted on the outside of the door.</p> <p>During an interview on 1/6/2025 at 11:53 am, Licensed Practical Nurse (LPN)1 confirmed staff entering resident rooms who were positive for COVID were to wear proper PPE including N95 mask, gloves, gown, and eye protection.</p> <p>During an interview on 1/9/2025 at 12:38 pm, the Infection Control Preventionist confirmed when staff entered the resident room who was on special droplet precautions PPE to wear was an N95 mask, gloves, gown, and eye protection.</p> <p>A review of the facility policy titled COVID-19 Isolation and Cohorting Process, revised 11/13/2023 revealed, Ideally, residents suspected or confirmed to have COVID-19 infection should be placed in single-person room on Transmission-Based Precautions but if limited single rooms are available or numerous residents are simultaneously identified, residents should remain in their current room on Transmission-Based Precautions. The door should remain closed and ideally, they should have a dedicated bathroom. At the entrance to the resident room door, there must be Proper Signage on the door indicating Transmission-Based Precautions. STOP and only enter if Necessary and in Proper PPE. PPE will be used in each Transmission-Based Precautions room.</p> <p>A review of the CDC guidance titled Infection Control Guidance: SARS-CoV-2, dated 6/24/2024, found on the website: https://www.cdc.gov/covid/hcp/infection-control/index.html, revealed, Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. Health Care Personnel (HCP) who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. During an interview on 1/6/2025 at 10:06 am, the Dietary Manager (DM) was asked about COVID-19 procedures in the kitchen. The DM stated they used normal delivery, but the consumed meal trays were bagged at pickup and brought back to the kitchen.</p> <p>On 1/6/2025 at 1:34 pm, the lunch cart containing consumed trays was observed coming off the 100 COVID hall and pushed to the kitchen. None of the trays were bagged. Certified Nurse Assistant (CNA)1 was asked if trays were to be bagged and CNA1 stated, No.</p> <p>During a follow-up interview on 1/6/2025 at 1:38 pm, the DM was asked if the COVID-positive trays on the 100 COVID hall cart should be bagged. The DM confirmed the trays were not bagged and thought they should be.</p> <p>A review of the facility policy titled Dishwashing, revised 8/3/2017, provided by the facility revealed, Temperature Guide: Adhere to the Manufacturer's guidelines for appropriate temperature ranges.</p> <p>On 1/6/2025 at 10:07 am, the dish machine was observed with the Dietary Manager (DM) while in use. The wash cycle measured 104 degrees Fahrenheit (F), and the rinse cycle measured 110 degrees F. Dietary Aide (DA)2 was asked if the temperatures of the dish machine should be higher. DA2 stated maintenance checked the machine at the beginning of use and the temperatures were good. DA2 went on to say, As the machine is used, temperatures drop. A review of the January 2025 dish machine log, for dates 1/1/2025 through 1/6/2025 located on the wall revealed the wash cycle temperature ranged from 120 degrees F to 125 degrees F and the rinse cycle temperature ranged from 123 degrees F to 124 degrees F.</p> <p>On 1/6/2025 at 3:35 pm, the dish machine was observed with the DM at the end of washing the lunch dishes. The dish machine's wash cycle measured 105 degrees F, and the rinse cycle measured 118 degrees F. The dish machine's manufacturer's requirements posted on the machine were reviewed with the DM. The posted plaque revealed 120 degrees F for the wash cycle and 130 degrees F for the rinse cycle. The DM stated the dish machine company checked the dish machine last month. The DM was asked if the hot water supply was lasting long enough to get through all the dishes. The DM stated she did not know but would ask maintenance.</p> <p>On 1/7/2025 at 3:41 pm, the dish machine was observed in progress. The wash cycle measured 118 degrees F, and the rinse cycle measured 122 degrees F. The DM was asked again about the temperatures. The DM stated the dish machine company would be at the facility on 1/7/2025 to check it.</p> <p>A review of the facility policy titled COVID-19 Infection Prevention and Control Practices, revised 6/25/2024 revealed, Dishware will be sanitized following chemical or temperature guidelines. Used dishware from positive or presumptive units will be transported in covered or closed carts.</p> <p>3. IC procedures not followed for one of five residents (R52) observed during medication administration:</p> <p>A review of R52's Face Sheet, dated 1/9/2025, and found in the electronic medical record (EMR) under the Face Sheet tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included a history of stroke, type 2 diabetes, hemiplegia, and hemiparesis following stroke affecting the right dominant side.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of R52's quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 12/2/2024 and found in the EMR under the MDS tab, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (which indicated the resident was cognitively intact).</p> <p>A review of R52's Active Orders Report, dated 1/9/2025 and found in the EMR under the Orders tab, revealed orders for the resident to receive Lyrica, with an original order date of 6/10/2021, 75 milligrams (MG) by mouth every 12 hours related to control pain, Lantus (insulin), with an original order date of 12/13/2024, 15 units subcutaneously every twelve hours to control blood sugar and blood sugar checks, with an original order date of 10/29/2024, routinely every twelve hours to monitor blood sugar.</p> <p>LPN 4 was observed administering R52's medication on 1/8/2025 at 9:41 am. LPN 4 was observed to have long false nails (approximately half inch in length) applied to most of her fingertips. During the pouring of the resident's medication, LPN4, who was not observed to apply gloves or sanitize her hands prior to pouring the medication, was observed to drop the resident's Lyrica onto the top of the medication cart and then obtain the medication off the medication cart with her bare fingers and put the Lyrica into the resident's medication cup for administration. The medication was administered to R52. In addition, LPN4 did not place a clean barrier on the resident's bedside table prior to placing R52's insulin pen and blood sugar monitor on the table. After administration of the resident's blood sugar check, LPN4 was observed placing the monitor in her pocket to transport it to the medication cart before putting the monitor and the insulin pen back onto the top of the medication cart.</p> <p>During an interview with LPN 4 on 1/8/2025 at 10:01 am, she stated she was attempting to remove her long false fingernails but had only been able to remove a couple of the nails so far. She stated she was aware she was not supposed to be wearing long false nails while providing resident care due to potential infection control and safety concerns. LPN4 stated she was aware she was supposed to place a clean barrier on surfaces in residents' rooms prior to placing any equipment to be returned to the medication cart on the surface. LPN4 additionally stated she was aware she was supposed to perform adequate hand hygiene, such as sanitizing her hands and wearing gloves when touching medication directly, and was aware medications should not be administered after coming into direct contact with the top of the medication cart.</p> <p>During an interview with the Director of Nursing (DON) on 1/9/2025 at 10:28 am, she confirmed her expectation was false nails not be worn while providing direct care/medication administration to residents, hand hygiene was expected to be performed during medication pass/prior to administering and pouring medication, a clean barrier was expected to be placed on any room surface before placing equipment/medications to be returned to the medication cart, and medications were to be discarded and repoured if dropped on the medication cart rather than administered.</p> <p>The facility's Medication Administration: Hand Hygiene Policy dated most recently revised on 10/14/2024, read, in pertinent part, It is the policy of Pruitthealth Pharmacy Services that partners will use appropriate hand hygiene during medication administration. Appropriate hand hygiene reduces the spread of germs and decreases the spread of infections. Additional policies related to infection control procedures with medication administration were requested by the survey team on 1/9/2025 at 12:30 pm, however, these policies were not provided by the facility prior to the survey exit on 1/9/2025.</p>		