

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 1/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-121-1947		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/11/2025	
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH - AUGUSTA				STREET ADDRESS, CITY, STATE, ZIP CODE 2541 MILLEDGEVILLE ROAD AUGUSTA, GA 30904			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LS C IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000	INITIAL COMMENTS An Abbreviated/Partial Extended Survey to investigate complaints 2645593, 2565550 and 2576056 was initiated on December 8, 2025, and concluded on December 10, 2025. Complaints 2645593, 2565550 and 2576056 were unsubstantiated. There were no deficiencies cited for complaints 2645593, 2565550 or 2576056. The facility census on December 8, 2025, was 94 residents.			F 0000			