

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Pruithhealth - Lakehaven, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East Northside Drive Valdosta, GA 31602	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled, Care Plans, the facility failed to ensure dialysis care plan for one of eight residents (R) (R93) was developed to meet the residents' care needs. Specifically, the facility failed to ensure R93 care plan indicated residents' repeated refusal of dialysis treatments. Findings Include:Review of the facility's policy titled, Care Plan, dated 7/27/2023 under the Policy Statement revealed, It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and the patient/resident choice. Under the section titled, Procedure: New admission Baseline Plan of Care revealed, 2. The baseline care plan will be updated to reflect changes to approaches, as necessary, that result from significant changes in condition or needs occurring prior to the development of a comprehensive care plan.Record review for R93 revealed resident was admitted to facility with the diagnoses of but not limited to Type 2 diabetes mellitus with diabetic chronic kidney disease, stage 5. Review of the Annual Minimum Data Set (MDS) assessment dated [DATE], documented a Brief Interview for Mental Status (BIMS) summary score of 15, indicating little to no cognitive impairment. Review of R93s' physician orders with a start date 4/2/2025 and ended on 4/20/2025. Discharge revealed that R93 was receiving dialysis; the access site in the groin was being monitored for signs/ symptoms of bleeding/ infection. Notify MD for any abnormal findings every shift, twice a day: 7:00 am - 7:00 pm, 7:00 pm - 7:00 am. Dialysis 3 times per week on Mondays, Wednesdays, and Fridays.A record review of progress notes dated 4/15/2025 at 8:23 am reveals R93 attends dialysis three times a week. On 10/16/2024, a note indicated that R93 refused to go to dialysis. Further review of the progress note dated 10/16/2024, R93 refused dialysis x 4 times. On 10/17/2024, a note was made indicating that dialysis is encouraged, but R93 will refuse at times. A record review of the care plan revealed the last care plan conference was 10/14/2024. Upon further review of the care plan, R93 did not have a dialysis focus or a refusal to go to dialysis with a goal and interventions.Interview on 8/7/2025 at 9:30 am with Unit Manager FF revealed that when a resident is on dialysis, they should be care planned with interventions so that the nursing staff will have direction on how to care for the resident.Interview on 8/7/2025 at 9:45 am with the MDS/interim DON confirmed that R93 should have had a dialysis care plan of refusal because he refused several times. The nursing staff should be informed about the steps to take if a resident refuses treatment and how to encourage them to attend their dialysis appointments. She explained that she is unsure why R93 lacks a dialysis care plan and a refusal focus.Interview on 8/7/2025 at 10:00 am with the Administrator confirmed that he did not see a care plan for dialysis and interventions for refusals. Education and reeducation will be conducted to ensure residents have a care plan if they receive any special</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 115373
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Lakehaven, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East Northside Drive Valdosta, GA 31602	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	services, such as hospice and dialysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Lakehaven, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 410 East Northside Drive Valdosta, GA 31602	
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 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>Based on observations, interviews, and review of policies titled, Cleaning Procedures: Kitchen Area and Cleaning Schedule Policy, the facility failed to ensure that the ice machine was clean and sanitized. The deficient practice had the potential to affect 64 residents of 70 receiving an oral diet. Findings Include: Review of the facility policy titled, Cleaning Procedures: Kitchen Area, (revised 4/14/2016) revealed Under Policy Statement: It is the policy of (Facility Name) to maintain a clean and sanitary environment to prepare patient/resident meals. Review of the facility policy titled, Cleaning Schedule Policy revised date of 9/29/2022 revealed under Policy Statement: It is the policy of (Facility Name) that the Dietary Manager prepares a list of all cleaning tasks and posts them in the Dietary Department. It is the Dietary Manager's responsibility to develop and enforce the cleaning schedules and to monitor the completion of assigned cleaning tasks to promote a sanitary environment. Observation on 8/4/2025 at 11:06 am revealed the inside of the ice machine where the door opens, in the corners/crevices, on both the left and right side, contained a buildup of a black substance. Observation and interview on 8/4/2025 at 11:07 am with Dietary Manager (DM), confirmed that the ice machine had a black substance when wiped with a white paper towel. She stated that the ice machine had been cleaned, but they must not have gotten in the corner of the ice machine. Continued interview also revealed that the dietary staff responsible for the monthly cleaning of the ice machine is rotated between the dietary staff members who are expected to sign off on the cleaning schedule once completed. During the interview it was disclosed that when the cleaning any surfaces in the kitchen it is expected that all areas are cleaned with no remaining debris left behind.</p>		