

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115658	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2025
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE  99 Hillhaven Rd. Greenville, GA 30222	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observations, staff interviews, and review of the facility-provided document titled Position Description, Housekeeper, the facility failed to maintain seven of 24 resident bathrooms on the Memory First-A (MFA) unit in a clean, safe, and sanitary manner. Specifically, there were dusty bathroom air vent covers and a cracked toilet tank cover. Findings include: Review of the facility-provided document titled Position Description, Housekeeping, modified 10/2016, revealed the Job Purpose section stated, Provides cleaning services to provide a safe, sanitary, comfortable, and homelike environment for residents, staff, and the public. Housekeeping services provided are in accordance with facility policies and procedures and consistent with state and federal laws and regulations to maintain an environment that enhances the quality of life for residents. The Key Responsibilities section included, . 4. Cleans bathroom sinks, fixtures, and toilets, following center procedures. 11. Dust/damp cleans surfaces in patient/resident rooms (furniture, bed frames, windowsills, etc.) following center procedure. Observation of resident rooms on the MFA unit on 8/5/2025 revealed the following: 8/5/2025 at 10:16 am, MFA 8-2: a dusty bathroom air vent cover. 8/5/2025 at 11:07 am, MFA 17-2: a dusty bathroom air vent cover. 8/5/2025 at 11:20 am, MFA 16: a dusty bathroom air vent cover. 8/5/2025 at 3:49 pm, MFA 6: a dusty bathroom air vent cover. 8/5/2025 at 3:58 pm, MFA 4: a dusty bathroom air vent cover. Observation of the same resident rooms beginning on 8/7/2025 at 10:30 am revealed that the aforementioned observations persisted. In an observation and interview with Housekeeping Aide JJ, on 8/7/2025 at 10:40 am, she stated her routine duties included dusting, sweeping, and mopping of resident rooms and bathrooms. She observed and confirmed the dust on the bathroom air vents in rooms MFA 8, 17, 16, 6, and 4, and stated it was the responsibility of the Maintenance Department to keep the bathroom air vent covers clean. In an observation and interview with the Housekeeping Supervisor, on 8/7/2025 at 3:40 pm, she observed and confirmed the presence of thick dust on the air vents in the identified bathrooms on the MFA unit. She stated it was the responsibility of the housekeeping staff to remove the surface dust from the air vents daily. She stated she had no actual policies, but scheduled duties were stored and accessed through the electronic housekeeping and maintenance tracker. She stated she would add the task of dusting the bathroom air vents to the list of daily duties for her staff. In an observation and interview with the Maintenance Director, on 8/7/2025, beginning at 4:00 pm, he stated he had only been working at the facility for a few months. He stated he performed annual cleaning of the insides of the bathroom air vents, but had no maintenance logs to speak of. He stated he cleaned approximately six to seven bathroom air vents per month. However, dusting the air vent covers was the responsibility of the housekeeping staff. He observed and confirmed the presence of a break in the toilet tank cover, which had been glued back together, but still had a large, sharp chip on the outer edge. He stated he would replace it as soon as possible. He stated staff</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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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	usually reported maintenance concerns to him in person or by phone.		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on observations, staff interviews, record review, and review of the facility-provided document titled [Brand name] Blood Glucose Monitoring System Healthcare Professional Operator's Manual, the facility failed to place open dates on the vials of glucometer strips in two of four medication carts. This deficient practice had the potential to cause inaccurate blood sugar readings and worsening of medical conditions for the residents. Findings include: Review of the facility-provided document titled [Brand name] Blood Glucose Monitoring System Healthcare Professional Operator's Manual, revealed page 8 included, Important: . For vial test strips, record the date on the bottle when you open a new bottle of test strips. Observation on 8/6/2025 at 2:15 pm, during review of the B Hall medication cart, revealed one open vial of glucometer strips with no open date. In an interview on 8/6/2025 at 2:15 pm, Licensed Practical Nurse (LPN) BB confirmed there was one open vial of glucometer strips with no open date on the B Hall medication cart. He stated there should be an open date on it, and if it was used on the residents, there could be abnormal blood sugar readings. Observation on 8/6/2025 at 3:20 pm, during review of the medication cart on the Memory Care Unit, revealed one open container of glucometer strips with no open date. In an interview on 8/6/2025 at 3:20 pm, LPN CC confirmed there was one open vial of glucometer strips with no open date on the Memory Care Unit. She stated there should be an open date on glucometer strips when the vials were first opened, and if the strips were used on the residents, there could be skewed blood sugar readings. In an interview, the Director of Health Services (DHS) confirmed there was no open date on the vial of glucometer strips on the B hall medication cart. He stated his expectations were for the nurses to place open dates on the glucometer strip vials when they were opened. He stated it was the manufacturer's requirement for the strips' vials to have open dates when they were first opened. The DHS further stated that a negative outcome if the strips were used on the residents could be that they could have altered blood sugar readings. In an interview on 8/7/2025 at 10:45 am, LPN AA stated there should be open dates on the glucometer strips vials when they were first opened. She stated the nurses were responsible for placing open dates on the glucometer strip vials when they first opened them. She further stated that if the strips were used on residents, it could cause false blood sugar readings, and the resident could be given the wrong treatment.</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>Based on observations and staff interviews, the facility failed to maintain the kitchen in a clean and sanitary condition. This deficient practice had the potential to place residents receiving meals and hydration from the kitchen at risk of food-borne illness. The census was 85 residents. Findings include: The facility did not provide a policy for kitchen procedures. Observation of the kitchen on 8/6/2025, beginning at 10:00 am, revealed the following: 1. 26 of 26 storage crates in the kitchen were soiled with light and dark gray substances throughout the openings of the crates and the outside surfaces. 2. The wall behind a storage rack for clean pots and pans was soiled. 3. A soiled return heating and air ventilation cover. In a concurrent observation of the kitchen and interview on 8/7/2025 beginning at 9:35 am, with the Certified Dietary Manager (CDM), she observed and confirmed that 26 of 26 storage crates were soiled with light and dark gray substances throughout the openings of the crates and the outside surfaces, the wall behind storage rack was stained, and the return heating and air ventilation was soiled. The CDM stated she started working at the facility in May 2025, and the storage crates had not been washed since she started. She further stated that the wall behind the clean pots and pans should be cleaned, and she had not addressed the other concerns related to maintenance. She stated she was not sure what duties the housekeeping and maintenance staff were responsible for in the kitchen. In a concurrent observation and interview with the Maintenance Director, on 8/7/2025 at 4:20 pm, he observed and confirmed the observations related to the soiled return heating and air ventilation cover. He stated he worked alone and, in addition to his routine duties, he expected staff to inform him of other needs throughout the facility, including the kitchen.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interviews, record review, and review of the facility's policies titled Infection Prevention and Control Plan and Medication Administration: Oral Medications, the facility failed to implement infection control practices for one of five residents (R) (R77) during medication administration observation. This deficient practice had the potential to place R77 at an increased risk of infection due to cross-contamination. Findings include: Review of the facility's policy titled Infection Prevention and Control Plan, reviewed 10/11/2022, revealed the Policy Statement section included, . The goals of the program are to decrease morbidity/mortality attributable to infections in residents; prevent and control outbreaks of infection in residents; prevent acquisition of infection by staff members .Review of the facility's policy titled Medication Administration: Oral Medications, reviewed 10/23/2024, revealed the Procedure and Key Points section included, . 6. Place medication into a souffle cup. Never touch any of the medication with fingers. Review of the Physician's Orders for R77, dated 5/25/2025, revealed medication orders including, but not limited to, adult low-dose aspirin over the counter (OTC) tablet, delayed release (DR); 81 milligrams (mg); amount (amt): 1 tablet; oral once a day, 9:00 am, potassium chloride capsule, extended release; 10 milliequivalent (mEq); amt: 2 capsules (caps); oral once a day 9:00 am, torsemide tablet; 5 mg; amt: 1 tablet; oral once a day 9:00 am. Observation on 8/6/2025 at 9:15 am, during medication administration with Licensed Practical Nurse (LPN) BB, revealed he was preparing medications for R77, and when he placed the aspirin 81 mg tablet, potassium chloride 10 mEq 2 tablets and torsemide 5 mg tablet in a medication cup, the cup tilted, and the medications fell on the medication cart. LPN BB used his bare hands, picked up the medications from the cart, and placed them back in the cup. In an interview on 8/6/2025 at 9:16 am, LPN BB confirmed he used his bare hands to pick up the medications from the medication cart. He stated he should not have used his bare hands to pick up the medications because it was an infection control issue, and the resident could get an infection. In an interview on 8/7/2025 at 10:34 am, the Director of Health Services (DHS) stated his expectations were for the nurses not to use bare hands to pick up tablets or medications. He stated the nurses were to use gloved hands when handling medications. The DHS further stated that there could be contamination of the medication, which the resident could receive. In an interview on 8/7/2025 at 10:37 am, the Infection Preventionist (IP) DD stated that during medication administration, the nurses were not to use bare hands to touch medications because it would be an infection control issue. She stated the nurse should use gloved hands to pick up medications if they spill. The IP further stated that the residents could be exposed to pathogens and could get infections. In an interview on 8/7/2025 at 10:45 am, LPN AA stated that if medications spill, the nurse should grab gloves and scoop them up with a spoon. She stated that bare hands should not be used to pick up or handle medications. LPN AA further stated that this would put the residents at risk of contracting infections.</p>		