

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115505	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2018
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Moultrie		STREET ADDRESS, CITY, STATE, ZIP CODE  233 Sunset Circle Moultrie, GA 31768	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38866</p> <p>Based on observations, staff interviews, review of facility policies including Labeling, Dating, and Storage, Cleaning Procedures: Kitchen Area and Ice Machines (Handling/Scoops), Patient/Resident's Personal Food and review of the ice machine manufacturer's Installation, Use and Care Manual, the facility failed to maintain the cleanliness of the ice machine, two food prep table shelf surfaces and one electrical cord, and failed to assure that opened food items in the dry storage area and resident personal breakfast cereals in the kitchen were sealed and secured to prevent access by vermin or pests. The issues with cleaning of the ice machine and storage of food had the potential to impact 65 of the 67 residents in the facility.</p> <p>Findings include:</p> <p>During the initial kitchen tour conducted on 10/22/18 at 11:30 a.m. with the Food Service Director (FSD), the ice machine was noted to have rust colored discoloration and brown to black colored debris along the front of the machine at the top of the door (not the door itself). The FSD used a dry papertowel and was able to remove a portion of the debris. The deflector, located inside the ice machine contained a large amount of rust colored spots and discoloration. The FSD was able to wipe off a significant amount of the rust colored spots/discolorations with a damp cloth. FSD confirmed the presence of the rust appearing substance and stated that they clean the ice machine monthly by removing all of the ice and disinfecting and sanitizing the interior of the machine. Observation also revealed a prep table in front of the sanitizing sinks was noted with a large amount of rust on the lower shelf. All items sitting on the shelf (spices) are sitting on trays and not touching the rusted surface. There is an orange, heavy duty electrical extension cord attached to a leg of the prep table that is sticky to the touch and has a large amount of visible black debris on the surface. A second prep table with a lower shelf holding pots and pans was noted to have a sticky surface. Further observation revealed that the dry storage room had one opened box of dry rice mix was wrapped with a plastic wrap but not secured. The FSD confirmed the box was not secured and sealed properly and discarded the box. Continued observation revealed more than four opened boxes of cereal labeled with specific resident's names were sitting on a cart adjacent to the kitchen/dining room door. The FSD opened the boxes and it was noted that the interior bags and outer boxes were not sealed in any manner. The FSD confirmed the packages were not sealed or secured and stated she would correct the situation. She confirmed the boxes belonged to specific residents and had been brought in by resident's responsible parties.</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:  115505	Facility ID:  115505
		If continuation sheet Page 1 of 2

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NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Moultrie		STREET ADDRESS, CITY, STATE, ZIP CODE  233 Sunset Circle Moultrie, GA 31768	
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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>During a tour of the kitchen conducted on 10/25/18 at 8:45 a.m. the ice machine was noted to still have a small amount of rust discoloration on the surface of the metal deflector inside the machine. The FSD stated the metal deflector is not removable. Further observation at this time revealed that the prep table with the lower rusted shelf and the dirty extension cord and the second prep table with a sticky surface were all noted in the same condition observed during the initial kitchen tour.</p> <p>During an interview conducted on 10/25/18 at 1:00 p.m., the Maintenance Director (MD) stated he cleans the ice machine quarterly. He provided two documents including a copy of a monthly preventative work order with a completion date of 10/2/18 that includes nine steps for the inspection of the ice machine. He also provided a copy of a quarterly maintenance work order created 10/15/18 and with an open status for the kitchen ice machine. The quarterly work order includes 10 (ten) steps for inspection of the ice machine including 5. Check for rust or corrosion, clean/repair as needed. He stated the local water has a high iron content and that there is a filter in the ice machine which he checks monthly and replaces as needed. He stated he is replacing the filter today. The MD provided a copy of an Installation, Use &amp; Care Manual for the ice machine. He also stated that they do not use the manufacturer's recommended cleaning products on the ice machine. Further interview conducted with the Maintenance Director (MD) revealed that the dietary staff had removed items from the rusted shelf and that he will be removing the table for cleaning and repair.</p> <p>A review of the Installation, Use &amp; Care Manual for the ice machine states: You are responsible for maintaining the ice machine in accordance with the instructions in this manual. Clean and sanitize the machine every six months for efficient operation. If the ice machine requires more frequent cleaning and sanitizing, consult a qualified service company to test the water quality and recommend appropriate water treatment. Manitowoc Ice Machine Cleaner and Sanitizer are the only products approved for use in Manitowoc Ice machines. It also states that the Cleaning/Sanitizing Procedure is to be performed a minimum of every six months and the Preventative Maintenance Cleaning Procedure is used to clean the ice machine between the bi-yearly cleaning/sanitizing procedure. Both the cleaning/sanitizing procedure and the preventative maintenance procedures instructions emphasize the use of the manufacturer's products. The preventative maintenance procedures note that the ice machine cleaner is used to remove lime scale and mineral deposits.</p> <p>Review of a facility policy 10/18/17 entitled Labeling, Dating, and Storage includes but is not limited to: 2. Foods will be stored in their original containers or in an approved container or wrapped tightly with film, foil, etc. and clearly labeled with the name of the item and the use by date.</p> <p>Review of a facility policy dated 1/19/18 entitled Patients/Residents' Personal Food states It is the policy of PruittHealth to allow the patient/resident's family to provide personal food items for patient/resident consumption. The patient/resident's personal food items will be maintained in a clean, healthy environment to help prevent foodborne illnesses. The scope of the policy applies to nursing and dietary partners. The procedure includes but is not limited to: 3. Non-refrigerated food to be kept in a patient/resident's room should be stored in individually sealed/prepackaged containers or stored in a closed, covered container to reduce the risk of contamination.</p>		