

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER PINE KNOLL NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 156 PINE KNOLL DRIVE CARROLLTON, GA 30117	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, review of training documentation, and review of facility policy titled, Interim Policy for Suspected or Confirmed Coronavirus the facility failed to ensure residents' rooms were properly disinfected in accordance with appropriate standard and transmission-based precautions. Qualified Environmental Protection Agency (EPA)-registered disinfectants were being used to clean residents' rooms that required specific timelines for the product to dwell on surfaces on two of two wings (West and East wings). In addition, one unlabeled spray bottle of disinfectant and one mislabeled spray bottle of disinfectant were identified on the cleaning cart on the East Wing. Findings include: Review of the Infection Prevention and Control Manual revealed a policy entitled Interim Policy for Suspected or Confirmed Coronavirus (dated 2/21/2020). According to the policy the facility would minimize exposure to respiratory pathogens and promptly identify residents with clinical features and an epidemiologic risk for the COVID-19 and would adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection. Procedures included cleaning and disinfecting the room and equipment using products that had Environmental Protection Agency (EPA)-approval against emerging [MEDICAL CONDITION] pathogens. The procedure referenced to the EPA.gov website for disinfectant usage against COVID-19. 1. A tour of the West Wing of the facility was conducted on 6/23/2020 at 10:35 a.m. There were no resident rooms noted with signs to designate isolation or contact precautions. Residents were observed to randomly enter and exit their rooms while wearing masks. A cleaning cart was noted to be stationed in the hallway and a housekeeping staff person (Staff #GG) was observed to be mopping a resident's room. Interview was conducted in a hallway on the West Wing on 6/23/2020 at 10:40 a.m. with Staff GG. The staff person stated he/she had been employed for approximately two (2) weeks and worked in housekeeping, cleaning the West Wing area. Staff GG indicated he/she was using Comet disinfectant spray to clean the surface areas of resident rooms, and waited five (5) minutes after spraying disinfectant before wiping the surface clean. When questioned regarding the disinfectant recommendation for time the product should remain on a surface before wiping, Staff GG removed the bottle of Comet disinfectant spray from the cart and read the label. Review of the label for the Comet disinfectant spray revealed instructions to allow a dwell time of 10 minutes on all surfaces before wiping so the disinfectant would be effective in achieving the products advertised kill rate of bacteria [MEDICAL CONDITION]. 2. A tour of the East Wing was conducted on 6/23/2020 at 11:10 a.m. there was one resident room with the door closed and a sign on the door designating Droplet Precautions should be used when entering the room. A cleaning cart was noted in a hallway and a housekeeping staff person (Staff FF) was mopping a resident's room. There were no residents observed to be out of their rooms on the East Wing. Interview was conducted in a hallway on the East Wing on 6/23/2020 at 11:20 a.m. with Staff #FF. Staff FF indicated being aware there was a resident on the unit who required staff to use infection control precautions. Staff #FF stated he/she had Comet disinfectant spray on the cleaning cart to use when cleaning residents' bathrooms. The staff person described spraying the disinfectant onto a surface area and immediately wiping it off. Staff FF presented two (2) additional spray bottles that were stored on the cleaning cart. One of the spray bottles was not labeled to identify the name of the product or directions for use. The other spray bottle presented had a label on the bottle; however, Staff #FF stated the label was wrong because he/she had poured a different type of disinfectant into the bottle but had not changed the label. Staff #FF was not sure what cleaner was in the spray bottle. Staff FF stated he/she used both disinfectant spray bottles to clean surfaces in residents' rooms. Staff FF described spraying the disinfectant directly onto a cleaning cloth and then wiping surfaces. Staff #FF stated he/she did not spray the disinfectant products directly onto the surfaces being cleaned and there was no dwell or contact time allowed before wiping the surfaces. Interview was conducted in the staff development office on 6/23/2020 at 12:25 p.m. with the Housekeeping (HK) Manager (Staff EE). Staff EE stated when Covid-19 came around a change was made in the disinfectant products used by the facility to comply with the approved EPA-registered disinfectants. The facility used three (3) different disinfectant products and it was at the discretion of the HK as to which of the 3 products they used. Staff EE stated the policy was that HK staff used the Comet disinfectant spray specifically for bathrooms. Violet and Plum disinfectants were the names of the remaining two (2) disinfectant products, and according to Staff EE all the disinfectant products came in bulk, with HK staff filling the spray bottles from the larger containers. Staff EE stated labels were always printed and available for HK staff to place on the spray bottle each time one was filled for use. According to Staff EE, all the HK staff had received in-service training that specified all spray bottles when filled with a disinfectant, should be labeled to show the correct name and directions for use. Additionally, staff should never use a disinfectant product from a bottle that was not labeled or pour disinfectant into a bottle that was labeled with a different product name. Staff EE stated the HK staff had been trained following the Covid-19 outbreak and change in disinfectant products used by the facility, the rule of thumb was when cleaning, to leave the disinfectant spray on the surface for a minimum of 10 minutes. Staff EE stated using a dwell time of 10 minutes for all disinfectant cleaners would ensure the product could breakdown mucus membranes, etc. Staff EE stated he/she conducted random monitoring of cleaning carts and HK staff while cleaning. However, Staff EE did not indicate identifying concerns related to staff failure to ensure disinfectant products remained on surfaces being cleaned less than the required dwell time of 10 minutes before being wiped clean. Interview was conducted in the staff development office on 6/23/2020 at 12:50 p.m. with the Administrator. The Administrator identified designation of the East Wing as being a Covid-19 unit. The facility had one resident who resided on the East Wing who tested positive for Covid-19 and was currently under droplet precautions. The wing was further used for new admissions and readmissions from the hospital where residents remained quarantined for 14-days while staff monitored for signs or symptoms of infection, to include Covid-19. According to the Administrator, housekeeping services was a contracted service. The HK Manager and staff participated in facility provided in-services related to Infection Control and Covid-19. The HK Manager also provided separate in-services for the HK staff that covered areas pertinent to their job duties and responsibilities. Review of in-service training records revealed Staff #GG and Staff FF both participated in a facility provided training on 6/9/2020 entitled Daily Isolation Room Cleaning. Both the HK staff members also participated on 6/9/2020 in an in-service entitled Intro to Infection Control. In addition, the Housekeeping Manager (Staff EE) presented documentation that showed both Staff #GG and Staff FF had participated in an in-service training entitled Cleaning Procedures for Covid-19 (date not documented) and a training on 6/23/2020 (after concerns with disinfectant use were identified) entitled Isolation Room Procedures for Covid-19. Review of information obtained from the Environmental Protection Agency (EPA) government website revealed when using disinfectants, the EPA defines dwell time as the amount of time a sanitizer or disinfectant must be in contact with the surface and remain wet, in order to achieve the product's advertised kill rate.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.