

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115728</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARCHWAY TRANSITIONAL CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4373 HOUSTON AVENUE MACON, GA 31206</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, record review, and review of the facility's policy entitled Skilled Inpatient Services Transmission-Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), the facility failed to ensure an effective Infection Prevention and Control Program (IPCP) was maintained to prevent or reduce the spread of COVID-19 to residents and staff which resulted in immediate jeopardy. Specifically, the facility failed to ensure Certified Nursing Assistant (CNA) #1 followed the facility's policy for use of Personal Protective Equipment (PPE), did not wear the same PPE used for a resident who was COVID positive (Resident #1) for resident's who were not identified as COVID-19 positive (Resident #s 2 and 3) and failed to ensure CNA #1 wore eye protection when providing care, according to facility policy. The failure to change PPE between residents and wear appropriate eye protection increased the risk of cross contamination and spread of COVID-19. In addition, the facility failed to ensure five (5) residents (Resident #s 6, 7, 8, 9 and 10) who were eating in the 100-Hall dining room were encouraged to maintain social distancing requirements when seated at small dining room tables. It was determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment or death to residents. The Immediate Jeopardy was related to 480.80 Infection Control. On 06/03/20 at 6:10 p.m., the Administrator and the Director of Nursing (DON) were notified that an Immediate Jeopardy existed. The facility presented an acceptable removal plan for the Immediate Jeopardy 06/04/20 at 12:40 p.m. The removal plan indicated all facility staff had been educated not to reuse/wear PPE from a COVID-19 positive room to a 14-day quarantined room. The removal plan was validated through observations and interviews, which revealed all on duty staff had been educated. The facility was notified that the Immediate Jeopardy was removed on 06/04/20 at 1:25 p.m. and that they remained out of compliance at a scope and severity of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) at F880. The findings include: 1.Review of the facility's updated policy entitled, Skilled Inpatient Services Transmission-Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), revealed it was the policy of the facility to use transmission-based precautions for residents who have infections or communicable diseases that may necessitate the use of barriers in addition to those used for standard precautions. The policy revealed for residents with suspected or proven [DIAGNOSES REDACTED], avian influenza or pandemic influenza, refer to the following websites for the most current recommendations at the time: www.cdc.gov/[DIAGNOSES REDACTED]; www.cdc.gov/flu/avain/; www.pandemicflu.gov. Airborne precautions are used by the facility for residents known or suspected to be infected with infectious agents' transmitted resident-to-resident by the airborne route. For airborne precautions wear a fit-tested NIOSH-approved 95 or higher respirator for respiratory protection when entering the room of a resident. Further review of the policy revealed for the condition of Severe Acute Respiratory Syndrome ([DIAGNOSES REDACTED]) airborne precautions preferred. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures. Observations on 06/03/20 at 1:12 p.m., on the 300 Hall, revealed CNA #1 picked up a blue gown lying on a bedside table outside Resident #2's room. Continued observation revealed the CNA donned (put on) the gown, N95 mask, and gloves, and then entered Resident #1's room, where signage on the door indicated the resident was on airborne isolation precautions. The CNA did not don a face shield or goggles prior to entering Resident #1's room. The PPE signage on Resident #1's door indicated required PPE included gown, mask/respirator, goggles or face shield, and gloves were to be worn when entering the room. Continuous observation revealed at 1:20 p.m., CNA #1 exited Resident #1's room, doffed (removed) the gown and placed it back on the bedside table, with the other gowns outside of Resident #1's room. This potentially cross contaminated all of the PPE on the table; and increased exposure risk to residents and staff because the PPE should have been removed, and appropriately discarded in a biohazard receptacle prior to exiting the room. Interview on 06/03/20 at 1:21 p.m., with CNA #1 revealed she placed the gown that she wore in Resident #1's room on the bedside table because she would use the same gown all of her shift, for all three rooms. The CNA stated Resident #1 was a COVID-19 positive room and two rooms next to Resident #1(Resident #s 2 and 3) were 14-day quarantine rooms because the residents had gone to the hospital and returned. Continued interview with CNA #1 revealed the resident in room (Resident #1's room) .was the only resident who was positive for COVID-19 in the facility. The CNA stated the other two rooms were residents who were on 14-day quarantine. When asked why she did not wear a face shield or goggles into the COVID-19 positive room, CNA #1 stated, I think it is optional. Another observation of CNA #1 on 06/03/20 at 2:38 p.m., on the 300-Hall, revealed the CNA picked up a gown from the bedside table (the same gown she used while she provided care to COVID-19 positive Resident #1), she donned the gown, gloves, and N95 mask. Continued observation revealed CNA #1 knocked and entered Resident #2's doorway. Resident #2 was on droplet precautions for a 14-day quarantine, and was currently being seen by the therapy department, so the CNA doffed the PPE and placed the gown back on the bedside table outside the room. Interview with CNA #1 immediately following this observation, confirmed the gown she used was the same exact gown she had used when in the COVID-19 positive room of Resident #1. The CNA stated she had used this same gown for her shift, for all three rooms. Interview on 06/03/20 at 2:45 p.m., with the Infection Control Nurse (ICN) revealed when a staff person enters a COVID-19 room, they should always have on either a face shield or goggles. Continued interview with the ICN revealed the CNA should not have worn the same gown from a positive COVID-19 room to a 14-day quarantine room that may have a COVID-19 negative resident. The ICN stated wearing the same gown could have cross contaminated the 14-day quarantine room from the positive (COVID-19) room. Interview on 06/03/20 at 3:01 p.m., with the Administrator revealed it was her expectation when going into a COVID-19 positive room, that staff would wear goggles or a face shield to reduce the risk of contracting COVID-19. Continued interview with the Administrator revealed staff could not go into a COVID-19 positive room and then wear the same gown (PPE) when caring for other residents in different isolation situations (14-day quarantine). The Administrator stated gowns should be discarded after coming out of the COVID-19 positive room. Interview on 06/04/20 at 11:30 a.m., with the Director of Nursing (DON) revealed it was her expectation that facility staff would have worn a face shield or goggles before going into the COVID-19 positive room. The DON stated it was her expectation CNA #1 should not have gone into the COVID positive room, and then into a 14-day quarantine room, in the same PPE, because of cross contamination and putting the resident (who was presumed negative) at increased exposure risk. The facility presented an acceptable removal plan for the Immediate Jeopardy 06/04/20 at 12:40 PM that read, F880 Infection Prevention and Control 1) Certified Nursing Assistant #1 identified in the survey has been educated concerning the proper use of Personal Protect Equipment and Isolation Precaution for Resident on Standard Precautions/Use of PPE and Transmission Based precautions (Contact, Enhanced Barrier Precautions, Droplet and Airborne) precautions. Certified Nursing Assistant #1 identified during the survey has been educated by the RN InfectionPrevention/education coordinator on 6-3-20 concerning donning and doffing personal protective equipment for Standard Precautionfuse of PPE and Transmission Based precautions (Contact, Enhanced Barrier Precautions, Droplet, and Airborne). An assessment of Resident #s 3 and 2 was performed, and was found to have no changes in vital signs, physical appearance, or presence of signs and symptoms of infection by Licensed Practical Nurse (LPN) charge nurse on 06/3/20 at 2:00 p.m. Resident #s 3 and 2 responsible parties and physicians were notified of</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.

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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>possible exposure. The Assistant Director of Nursing (ADON) notified the Medical Director on 06/4/20 at 8:31 a.m. and the DON notified the families on 06/4/20 at 8:45 a.m. New orders to implement COVID-19 nasopharyngeal testing were obtained to monitor for infection by the ADON on 06/4/20 at 8:50 a.m. The residents will continue to receive a comprehensive nursing assessment three times per day to monitor for any changes in baseline condition or signs and symptoms of infection for a minimum of 14 days. The 14 day quarantine will start over again as of 6/3/20. 2) All Patients have the potential to be affected. 3) The Skilled Inpatient Service Standard Precaution/Use of PPE and Transmission Based precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne) policy has been reviewed by the Director of Nurses, Administrator, Infection Prevention Nurse and Regional Nurse on 6-3-20 and no changes were made to this policy. The Administrator, DON and Infection Prevention Nurse pulled infection control policies and procedure and educational resources in order to reeducate and complete a competency checkoff for all staff for their understanding and compliance. An Ad-Hoc Quality Assurance Performance Improvement meeting was called on 6/4/20 with the Medical Director, Administrator, DON, ADON and the Infection prevention nurse to discuss recommendations for Standard Precaution/Use of PPE and Transmission Based precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne). All Administrative department heads Health Information Manager, Financial Controller and Assistant, Social Service Director, Activity Director and Assistants, Admission Coordinator, Resident Assessment Instrument (RAI) coordinator, Registered Nurse (RN) Wound Nurse, Director of Nurses, Assistant Director of Nurses, Resident Care Coordinator (RCC), CNA, LPNs, RN, Housekeeping, Maintenance and Maintenance Assistant, dietary were trained by the education nurse, ADON or DON on what is considered standard precaution, transmission base precaution and correct use of PPE. The DON, ADON, RCC or RN Education Nurse will audit that the long term care staff that enters and exits isolation room for the proper use of correct PPE and the correct type of PPE according to the type of isolation precaution posted on the door. This audit will be listed on the Quality Improvement Data Collection Grid. Following this initial 100 percent audit of the actively working associates on re-education and training of staff on Standard Precaution/Use of PPE and Transmission Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), the Director of Nursing or RN IC/Education nurse will complete a weekly audit of 1:1 RN DON: 1:1 RN ADON 1:1, 1:1 RN Charge Nurse, 13:13 LPN charge nurses, 1:1 Weekend RN supervisors, 1 LPN Resident Care Coordinator Nurse, 1:1 RN Wound Care Coordinator, 1:1 LPN Admission coordinator and 1:1 LPN Minimum Data Set Coordinator nurses, 1:1 RN Edu/Infection Control Nurse, 1:1 RN Edu, Infection Control Nurse, 1:1 RN Housekeepers 8:8 Dietary, 2:2 Maintenance, 8:8 Administrative Department Head, 4:4 Therapy Staff correctly donning and doffing PPE for Transmission Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne) in isolation areas using a check utilizing the PPE check off sheet developed by the DPH, and will audit/assess competency of the RNs, LPNs, CNAs, Dietary, Therapy, Administrative staff and Housekeepers use of Standard Precaution/Use of PPE and Transmission Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne) x 4 weeks. Out of 83 staff, 76 staff have been in-serviced and checkoff for compliance based on DPH proper use of PPE for Transmission Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne) and all staff and agency will be educated prior to the beginning of their shift for compliance. 4) 1:1 (one of one) RN DON: 1:1 RN/ADON 1:1, 1:1 RN Charge Nurse, 13:13 LPN charge nurses, 1:1 Weekend RN supervisors, 1 LPN Resident Care Coordinator Nurse, 1:1 RN Wound Care Coordinator, 1:1 LPN Admission coordinator and 1:1 LPN Minimum Data Set Coordinator nurses, 1:1 RN Edu/Infection Control Nurse, 1:1 RN Edu, Infection Control Nurse, 1:1 RN Housekeepers 8:8 Dietary, 2:2 Maintenance, 8:8 Administrative Department Head, 4:4 Therapy Staff were educated on 6/4/20 by the Director of Nursing, Assistant Director of Nurses, or Education Nurse on Standard Precaution/Use of PPE and Transmission Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne, what constitutes a changing PPE or re-use of PPE. Any RN, LPN, CNA, Administrative staff, Maintenance, therapy, dietary or housekeeping associates on FMLA will be educated upon their return to work. New RN, LPN, CNA, Administrative staff, Maintenance, therapy, dietary and agency associates hired will be educated on Standard Precaution/Use of PPE and Transmission Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne) during their orientation period, annually, at the beginning of the shift and as needed for compliance by either the charge nurse on duty, RCC, IC Nurse, DON or ADON. 5) Observations and findings of corrective actions will be forwarded by Director of Nurses for review of an evaluation of effectiveness to the Quality Assurance/Performance Improvement Committee monthly and as needed. Revisions and updates will be made as indicated by QAPI committee which is led by the Administrator every month for 2. Observation on 06/03/20 at 1:05 p.m. of the 100-Hall day room revealed Resident #s 6 and 7 sitting at the same small table, less than six feet apart, wiping their hands of food crumbs, and touching each other's arms, and neither resident was wearing a mask. Continued observation revealed Resident #s 8 and 9 sitting at a different small table, less than six feet apart, with one resident wearing a mask incorrectly on her forehead, and the other resident with no mask on. Interview on 06/03/20 at 2:23 p.m., with CNA #2 revealed the four residents (Resident #s 6, 7, 8, and 9) at two different tables were still in the small dining room from lunch. The CNA stated she had just removed the residents' plates right before (surveyor) came into the room. CNA #2 stated there were two residents who ate at one table independently (#s 6 and 7) and at the other table were three residents (#s 8, 9, and 10); two of which (Resident #s 9 and 10), were feeders (needed assistance). Continued interview with CNA #2 revealed she was told by the facility staff all feeders were to eat in the small dining room. When asked if the residents who were at the two tables were all six feet apart to practice social distancing, CNA #2 stated, no. Interview on 06/03/20 at 2:45 p.m., with the ICN revealed communal dining should not have been happening. The ICN stated some residents still came to the small dining rooms; but should not be because they are violating the six-foot social distancing recommendations. Interview on 06/03/20 at 3:01 p.m., with the Administrator revealed it was her expectation that residents would have eaten in their rooms, and not in a communal dining situation. The Administrator stated there should not be communal dining because of the increased risk of getting and spreading COVID-19. The Administrator also stated with communal dining, the facility could not practice social distancing of six feet. A policy was requested regarding communal dining during COVID-19, but none was provided prior to exiting the survey. Interview on 06/04/20 at 11:30 a.m., with the DON revealed it was her expectation the facility staff would not have provided communal dining, because the residents were not six feet apart and someone could sneeze and spread [MEDICAL CONDITION] if they were infected.</p>		