

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115660	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER ROSELANE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 613 ROSELANE STREET MARIETTA, GA 30064	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interviews, record review and facility policy reviews, the facility staff failed to appropriately use Personal Protective Equipment (PPE) in a resident care area. The failure to appropriately wear PPE in the long-term care facility increased the risk of exposure and/or infection with COVID-19 for both residents and staff in the facility at the time of the survey. The census was 106. Findings include: Review of the facility's policy titled Center Preparedness: Infection Prevention Strategies and Guidance for COVID-19 updated June 10, 2020 revealed, all personnel should wear a face mask while they are in the center. During a tour of the facility on 06/17/20 at 10:00 a.m., it was noted that the closed double doors that access resident care areas all had signs posted which stated that masks were required in resident care areas. At 10:20 a.m., the West nurse's station was approached where a Resident Care Associate (RCA #1) had a mask on, but pulled down below her chin, exposing her nose and mouth. The RCA was asked why she was not wearing her mask and stated, because it pinches, and I don't like it. RCA #1 was asked if there was PPE in supply and if she could get another mask and she stated, they all pinch. The Assistant Director of Nursing (ADON) approached the West nurse's station at this time and told RCA #1 to pull her mask up or to get a new one and wear it. The ADON was interviewed immediately following the observations and conversation with RCA #1, on 06/17/20 at 10:34 a.m. The ADON stated the facility had conducted all staff training about the use of PPE, and face masks were required to be worn by all staff everywhere in the facility. On 06/17/20 at 11:25 a.m., the Administrator was made aware of the concern with the staff failure to wear PPE in a resident care area and the Administrator stated, I heard, and it is being taken care of. The RCA is suspended and will probably be terminated for failure to follow the COVID-19 policy and we are re-educating staff now that there will be zero tolerance for failure to follow the PPE guidance.		

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.