

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115633</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAVANNAH BEACH HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>26 VAN HORNE STREET TYBEE ISLAND, GA 31328</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure one visitor went through the screening process prior to entering the facility. This surveyor was able to gain access into the building without going through the facility required COVID-19 screening process. Failure of screening all visitors prior to entering the facility had the potential to infect residents living in the facility. Findings include: During entrance on 6/17/20 at 9:15 a.m., this surveyor walked up to the building and tried to gain entrance. The doors were locked. The Director of Maintenance was outside in the front and was asked how to gain entrance into the facility. The Director of Maintenance gave the code to the door. After putting the code into the box, this surveyor was able to gain entrance into the building. There was no staff person in the area to complete the screening process. The door led directly into the dining room where 10 residents sat at a table not wearing masks. This surveyor proceeded into the hallway and Certified Nursing Assistant/ Restorative Aide (CNA) BB approached and asked this surveyor how she could help. This surveyor introduced herself and asked to see the Administrator and/or Director of Nursing (DON). CNA BB stated, I'll get someone for you. She walked into an office. After a seven-minute wait, the Registered Nurse (RN) Supervisor approached and asked if she could help. This surveyor introduced herself and stated the reason for the visit and asked about the Administrator and DON. The RN Supervisor stated the DON was across the street at the other facility. The RN Supervisor called the DON and she came across the street for the entrance conference. During the entrance conference on 6/17/20 at 9:40 a.m., this surveyor told the DON that admittance was made without going through screening. The DON stated that there should have been direction to go across the street. The DON stated, this building is a no visitation building and everyone should be directed to the building across the street for screening and once cleared would be escorted back over. The DON was told how the surveyor was able to get into the facility. The DON stated, The code should not be given out and all of the staff should have checked and made sure the screening was done. During a tour of the facility on 6/17/20 at 10:30 a.m., the Infection Preventionist was told about how this surveyor was able to gain entrance into the building. The Infection Preventionist responded that the code should not have been given out and staff should have directed the surveyor across the street for screening. During an interview on 6/17/20 at 11:50 a.m., the Director of Maintenance was asked about giving the code to this surveyor. The Director of Maintenance stated, I should not have told you the code. I thought you were with hospice. During an interview on 06/17/20 at 2:05 p.m., the Administrator was asked what her expectation was when visitors came to the building. The Administrator stated, I expect the staff to make sure visitors have been screened across the street and then escort them in. During an interview on 6/17/20 at 2:55 p.m., the RN Supervisor was asked why she did not find out if this surveyor had been screened prior to entering the facility. The RN Supervisor stated, I was surprised and did not know where I was going to put you. The RN Supervisor added that all people who enter the facility should be screened prior to entering the facility. During an interview on 6/17/20 at 3:00 p.m., CNA BB was asked why she did not ensure screening had been completed. CNA BB stated, I was just concerned how you got in and was surprised. Review of facility policy titled, Infection Control: COVID-19 Prevention, Surveillance &amp; Education Guidelines undated revealed, l. Scope . b. All visitors, family, resident representatives, vendors, volunteers, transport and delivery drivers will be screened prior to entering a patient area to reduce the risk of spreading possible infection/infectious disease .</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.