

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER ROSS MEMORIAL HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 1780 OLD HIGHWAY 41 KENNESAW, GA 30152	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and the review of the facility policies the facility failed to carry out proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infection by not screening state surveyor for COVID-19 respiratory symptoms upon entry into the facility, observation of environmental service staff (EVS) personal protective equipment (PPE) not properly donned (on). EVS staff cleaning residents room without gloves, EVS staff going from one resident room to another resident room without performing hand hygiene, EVS staff not cleaning high touched surfaces with an disinfectant. Findings included: 1. An observation interview was conducted on 7/21/2020 at 10:30 a.m. with the Registered Nurse Supervisor. The surveyor was asked her name and the supervisor took the surveyor's temperature. The surveyor was not asked any respiratory screening questions or travel history. The Supervisor revealed that anyone that enter the facility are required to perform hand hygiene and take their temperature, sign in with their and log their temperature. She revealed the temperature is reviewed and witnessed with initial by another staff person. She revealed the facility no longer ask the COVID/19 screening questions when someone enters the facility. An interview was conducted on 7/21/2020 at 11:30 with the Administrator revealed that the respiratory and travel screening questions are no longer part of the screening process. He revealed that asking the screening questions became too redundant, so a decision was made to stop asking the screening questions. An interview was conducted on 7/21/2020 at 11:48 a.m. with the Director of Nursing (DON), who is also the Infection Control Preventionist (ICP) for the facility, revealed that the facility decided a few weeks ago to stop asking the screening question because of the massive amount of paper that was being used. Review of an undated policy titled Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID/19) revealed Procedure 3. Ongoing, monitoring throughout the day for signs and symptoms of respiratory infection for both patients and employees. 2. An observation and interview on 7/21/2020 at 10:44 a.m. of the environmental service staff (EVS) AA with a surgical mask on below her nose cleaning room [ROOM NUMBER]. EVS AA walked out of the room put her ungloved hand in the microfiber pad bucket with microfiber pads and a clear liquid substance, squeezed the excess water out then returned to room [ROOM NUMBER]. EVS AA was observed mopping room [ROOM NUMBER] and the bathroom in room [ROOM NUMBER]. EVS AA exited room [ROOM NUMBER] remove the microfiber pad from the handle with her ungloved hand and placed the pad in a plastic bag that was tied to the cart. EVS AA did not perform hand hygiene. EVS AA entered room [ROOM NUMBER] pulled the trash from the trash receptacle walked out the room placed the trash in receptacle that was attached to the EVS cart. EVS AA reached in a box of gloves retrieved a pair gloves and placed the gloves on. EVS AA retrieved a microfiber cloth from a black plastic bag and reentered room [ROOM NUMBER]. EVS AA exited room [ROOM NUMBER] removed a microfiber pad from the bucket. EVS AA did not perform hand hygiene or wipe the siderails or call bell. An interview was conducted on 7/21/2020 at 11:00 a.m. with EVS AA who revealed that when she cleans a resident room that she pulls the trash, clean the bathroom and sweep and mop. She confirmed she did not clean the siderails (SR) or call bell in room [ROOM NUMBER]. She revealed she had attended in-services during the pandemic. EVA AA was asked was she in-serviced on how to don PPE, when to perform hand hygiene, and cleaning high touch surfaces. The EVS revealed she did not know what the surveyor was asking her. An interview was conducted on 7/21/2020 at 11:20 a.m. with EVS Director. She revealed her expectation of the staff is to clean all areas with gloves on and to perform hand hygiene before entering the next room or area to clean and as needed. The staff should spray the multipurpose disinfected on the high touch areas (i.e. doorknobs, SR) wait one minute before wiping. She revealed the EVS staff had been in-serviced on donning PPE, when to perform hand hygiene, cleaning rooms and cleaning high touch areas. The EVS Director revealed that EVS AA had attended the in-services. Review of the Environmental Service in-service dated 3/5/2020, 4/14/2020, and 4/30/2020 with a subject: Infection Control cleaning high touched area, wet time, PPE, and handwashing. All in-service signed by EVS AA. Review of an undated policy titled Infection Control Policy revealed Personal Protective Equipment/Apparel, (PPE): Gloves are to be worn for three important reasons. Third, gloves are worn to reduce the likelihood that hands of health care workers contaminated with micro/organisms from a patient or formite {sic} can transmit these micro/organisms to another patient. d) Wash hands immediately after removing gloves to avoid transfer of micro/organisms to other patients or environment. Instructions for maintain Isolation Precautions. A. Gowning/Masking/Gloving 3. Shape and conform nose piece of mask, apply mask to face.</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.