

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PLEASANT VIEW NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>475 WASHINGTON STREET METTER, GA 30439</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, interview, and review of the facility's environmental services policies, the facility failed to appropriately clean and disinfect resident rooms, and properly use disinfectant per manufacturer's guidelines while cleaning 2 resident rooms observed on 2 of 4 units. Findings include: A review of a facility contractors policy titled, Interim Recommendations for Terminal COVID-19 Isolation Room/Unit Cleaning, revised May 2020, indicated to protect the facility from the patient, every effort is made to keep the bacteria in the room and isolated by using the double bag procedure for soiled lines, cleaning rags, and trash along with using an EPA approved solution according to manufacturer specification. To avoid contamination, use a separate rag for the bathroom sink and walls, a separate rag for the toilet, and a separate rag for the resident's room. Follow standard procedures for cleaning with the exception that staff should not use spray bottles. The disinfectant must be poured gently into a cleaning cloth, and surfaces wiped gently and allowed to dry completely. Review of List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19) last updated on 7/30/20. (VirexTM II/256) is an EPA-registered disinfectant for use against [DIAGNOSES REDACTED]-CoV2 (COVID-19). This product kills a harder to kill pathogen than [DIAGNOSES REDACTED]-CoV2 (COVID-19); Emerging [MEDICAL CONDITION] pathogen claim. When using an EPA-Registered disinfectant, follow the labeled direction for safe, effective use. Make sure to follow the contact (dwell) time when the surface should be visibly wet. The contact time for (VirexTM II/256) is 10 minutes. During an observation on 8/31/20 at 10:15 a.m., the facility staff placed a plastic zippered door covering leading to the A hallway. The Administrator and Regional Nurse Consultant said a resident tested positive for COVID-19, the residents on the A hallway were tested for COVID-19 and placed on isolation precautions this morning, pending lab results. During an observation on 8/31/20 at 10:46 a.m., Housekeeper (HSK) #12 entered room B1, a semi-private room (non-isolation room) wearing an N95 mask, face shield, and gloves. At 10:47 a.m., HSK #12 sprayed the bathroom sink and toilet with a disinfectant cleaner (Crew). At 10:48 a.m., she wiped down the sink then the commode using the same cleaning cloth. HSK #12 placed the used cleaning cloth in a plastic bag hanging on the side of the housekeeping cart. At 10:50 a.m., HSK #12 began cleaning the B side of the room. She sprayed a cleaning cloth with a disinfectant cleaner (Virex) and wiped the top of the nightstand. HSK#12 then sprayed the cleaning cloth with the disinfectant cleaner (Virex) and wiped off the top of the bedside table. HSK#12, then obtained a new cleaning cloth, sprayed the cleaning cloth with a disinfectant cleaner (Virex) and wiped off the top of the nightstand on the A-side of the room, resprayed the cleansing cloth with the disinfectant cleaner (Virex), and wiped off the top of the bedside table. The nightstands and bedside tables did not remain visibly wet for the appropriate 10-minute dwell time. At 10:52 a.m., HSK #12 swept the floor using a broom and then mopped the floor using a mop head soaked in a disinfectant solution (Stride). During an observation on 8/31/20 at 11:09 a.m., HSK #13 entered room A5, a semi-private room wearing an N95 mask, face shield, gown, and gloves. A sign posted on the door to the room indicated the residents were on droplet isolation precautions. HSK#13 sprayed the bathroom sink with a disinfectant cleaner (Clorox bleach), immediately wiped off the sink, then sprayed the sink with a second disinfectant cleaner (Crew) and immediately wiped off the sink. HSK#13 then used the same process to clean the hand towel dispenser, walls above the sink, door handle to the adjacent room, door jams, and the A5 bathroom door handle using the same cleaning cloth. At 11:14 a.m., HSK#13 sprayed the toilet and toilet seat riser with a disinfectant cleaner (Clorox bleach), used a bristled burse to clean the toilet bowl, and then obtained a new cleaning cloth and wiped off the toilet seat riser. At 11:15 a.m., HSK#13 obtained a new cleaning cloth, sprayed the wall above the dresser (bed A) with a disinfectant cleaner (Crew) and immediately wiped down the wall, then resprayed the same cleansing cloth with the disinfectant cleaner (Crew), and wiped down a wheelchair located on the B-side of the room. At 11:17 a.m., HSK#13 swept the floor using a broom and then mopped the floor using a mop head soaked in a disinfectant cleaner (Stride) and sanitized his hands. HSK#13 did not clean the remaining high touch/hard surfaces (i.e., bedside tables, nightstands, dressers, headboards, footboards, side rails, etc.) with the disinfectant cleaner (Virex). During an interview on 8/31/20 at 11:25 a.m., HSK#12 said the dwell time for the disinfectant cleaner (Virex) is 10 minutes. When asked if she waited the 10 minutes before wiping down surfaces, she said, I hope I did. When asked how she knows the disinfectant remained on the surface for the full 10-minutes, she said, I don't know. When advised she only waited a minute, she indicated that she was nervous. During an interview on 8/31/20 at 11:26 a.m., HSK#13 said that he recently started working at the facility a few weeks ago. He stated that he starts out using a disinfectant cleaner (Clorox bleach) to spray on the bathroom surfaces, walls, and fixtures and then wipes the solution off within five to six seconds. He then sprays a second disinfectant cleaner (Crew) on these surfaces and wipes it off within five to six seconds. HSK#13 said he uses a disinfectant cleaner (Crew) to clean all high touch areas, walls, and furniture in the resident's rooms and was unaware of any specific dwell time for the cleaning solutions used. Initially, HSK#13 indicated the residents residing in room A5 were not on isolation precautions and that the residents on isolation precautions resided on the D hallway. HSK#13 acknowledged the droplet isolation sign posted on the door to room A5 and that both residents were on droplet precautions. HSK#13 acknowledged that he did not use the disinfectant solution (Virex) to clean the hard surfaces in room A5. During an interview on 8/31/20 at 12:00 p.m., the housekeeping supervisor said that the staff uses the disinfectant solution (Virex) to clean all hard surfaces in resident rooms and bathrooms. Normally, staff used a bathroom cleaner (i.e., Clorox Bleach or Crew), but due to COVID-19, the staff uses the disinfectant (Virex) in every room, on all surfaces, even if the resident is not on isolation. The staff follows a five-step or seven-step cleaning process for cleaning and disinfecting resident rooms. The staff should spray the hard surface areas down with the disinfectant solution (Virex), and allow the solution to remain on the area for 10-minutes before wiping down the surfaces to allow the disinfectant to kill the microorganisms/bacteria.</p>		
F 0882  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p>Based on interview and review of the facility's Infection Control Preventionist job description, the facility failed to designate a qualified infection preventionist who completed specialized training in infection prevention and control. This failure placed all residents at risk for the potential transmission of infections and communicable diseases. The facility census was 107. Findings include: A review of the facility's undated Infection Control Preventionist (ICP) job description indicated the ICP is responsible for the center's activities aimed at preventing healthcare-associated infections (HAIs) by ensuring that sources of infections are isolated to limit the spread of infectious organisms. The ICP systematically collects, analyzes, and interprets health data in order to plan, implement, evaluate, and disseminate appropriate public health practices. The ICP conducts educational and training activities for healthcare workers through instruction and dissemination of information on healthcare practices. requirements of the ICP included: Nursing Degree for Registered Nurse (RN); Certification in Infection Control Preventionist training; and experience of 3-5 years as an RN. During an interview with the Infection Preventionist (IP) on 8/31/20 at 5:43 p.m., she stated the facility hired her to be the Assistant Director of Nursing (ADON) approximately three weeks ago. When hired, the facility advised her that part of her job included infection control (IC). However, the facility decided to let the Director of Nursing (DON) keep the IC at this</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PLEASANT VIEW NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>475 WASHINGTON STREET METTER, GA 30439</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 0882  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p>(continued... from page 1)</p> <p>time and that she would assist with conducting in-services, training, etc. She indicated that she is supposed to complete the infection control certification but has not completed the training to date. During an interview with DON on 8/31/20 at 5:58 p.m., she stated the facility hired her as the DON in June 2020. She said she previously worked as an emergency room (ER) nurse and had some long-term care experience. She acknowledged that she was not certified as an infection preventionist and had not received specialized training in infection control; however, she was currently enrolled in the training and completed the first two courses. The DON said that the ADON, hired approximately two weeks ago to assist with infection control, was a former intensive care unit (ICU) nurse, was also in the process of completing the training. During an interview with the Administrator on 9/1/2020 at 9:20 a.m., she acknowledged both the ADON and DON were not certified as an infection preventionist and did not receive specialized infection control training. She stated that both staff members are enrolled in the training and completing the courses. A short time later, the Administrator called the DON, placed the call on speaker, at which time the DON said that she enrolled in the infection control course in June 2020 and completed the first two courses. The Administrator further clarified that the previous DON, who resigned in 03/2020, was the facility's IP. When the previous DON resigned, a previous regional nurse consultant, certified as an infection preventionist, took over the roll until they hired the current DON in June 2020.</p>		