

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER AZALEA TRACE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 910 TALBOTT RD COLUMBUS, GA 31904	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, and record review the facility failed to ensure that one of four [MEDICAL TREATMENT] residents (Resident (R) #4), donned a face mask before leaving his room for transport for [MEDICAL TREATMENT] treatment per COVID-19 facility protocol. The facility failed to ensure proper use of personal protective equipment (PPE) by staff per the facility updated facility checklist for Donning and Doffing PPE, to prevent potential spread of COVID-19 when care was provided for one of four quarantined residents, (R#3), by two different staff. In addition, the facility also failed to establish comprehensive policies and procedures addressing Resident Care for the prevention of potential COVID-19 transmission within the facility. Failure to have written processes in place puts new admission residents, transferred residents and residents leaving the facility for appointments at risk for contracting COVID-19. The sample size was 8 Residents. Findings include: 1. Observation of R#4 leaving the facility for a [MEDICAL TREATMENT] appointment on 7/14/2020 at 9:50 a.m. revealed the Emergency Medical Staff (EMS), both wearing masks, went into R#4's room with a stretcher. The EMS staff were observed pushing R#4 out of her room into the 100 hallway on the stretcher. R#4 said to the EMS staff, I need a mask, and the EMS staff replied, you will get one at [MEDICAL TREATMENT]. During an interview with Certified Nursing Assistant (CNA) BB at the 100-hall nursing station on 7/15/2020 at 9:15 a.m. CNA BB stated, residents going out of their rooms must have on a mask. CNA BB, who was assigned to R#4, said she did not see R#4 leave for [MEDICAL TREATMENT] on 7/14/2020 without a mask. During an interview with R#4 in the doorway of her room on 7/15/2020 at 9 a.m. she stated there was a mask in the room, but she had forgotten to put it on before being placed on the stretcher. R#4 confirmed asking the EMS for a mask and they told her one would be given to her at [MEDICAL TREATMENT]. R#4 stated a mask is required when leaving for [MEDICAL TREATMENT]. Observation of the R#4 leaving the facility without a mask was shared with Administrator during an interview in her office on 7/15/2020 at 9:18 a.m. The Administrator said the staff and EMS know a resident cannot leave the room without a mask. The Administrator said it is the responsibility of the facility staff to make sure a resident does not leave the room without a mask on, but the EMS personnel should also assist. 2. Review of the facility Donning and Doffing PPE Competency Checklist, documented the following: Steps for Donning (putting on) PPE: Wash hands Put on isolation gown, fasten in back of neck and waist Put on Mask or respirator Put on goggles or face shield Place over face and eyes and adjust to fit Don gloves Extend to cover wrist of isolation gown. Steps for Doffing (taking off) PPE: Position self in front of the biohazard bin Grasp the palm area of the other gloved hand and peel off first glove Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove and discard glove in a waste container Remove goggles or face shield from the back by lifting head band or earpieces If the item is reusable, place in designated receptacle for reprocessing Remove gown; unfasten gown ties taking care that sleeves don't contact your body when reaching for ties Pull gown away from neck and shoulders, touching inside of gown only Turn gown inside out; fold or roll into a bundle and discard to a waste container Remove Mask or respirator (grasp elastic ear ties) remove without touching the front. During an interview with the Infection Control Preventionist (ICP) in the facility beauty parlor, on 7/14/2020 at 9 a.m., she stated the facility is running short of gowns. Hooks have been placed on the wall of Isolation rooms for staff to hang the gown assigned to them. The ICP said the CNA assigned to the residents in the quarantined rooms are given one gown per room each shift. The CNA's are to write their name on the gown and after each use place it on the hook with the front side of the gown next to the wall. The ICP said the CNA then disposes of the gown in the biohazard trash box inside of the room at the end of each shift. The face shield is also reused for each of the residents on droplet precautions and it is disinfected before and after each use and kept in the isolation cart outside of the room. Each room has an assigned isolation cart outside the room. The facility currently has four Residents on 14-day quarantine and on droplet precautions. CNA BB was assigned to provide care for the four quarantined Residents on 7/14/2020. Review of the record for R#3 documented the resident was admitted on [DATE] with a negative COVID-19 test but had been placed on droplet precautions with a 14-day quarantine. a. Observation of CNA BB on 7/14/2020 at 12:55 p.m. as she prepared to deliver meal trays to the residents in quarantine on the 100 hallway revealed the following: CNA BB retrieved a face shield from the isolation cart, disinfected it appropriately then placed it on top of isolation cart to dry. CNA BB went into R#3's room, took the extended use gown off the hook in the quarantined room and carried it out of the room a few feet down the hallway to where the isolation cart was parked. CNA BB then placed the dirty gown over the corner of the clean isolation cart. The ICP was nearby and the ICP verified this was not following procedure and immediately began to re-instruct CNA BB on the appropriate process. The ICP instructed CNA BB to throw the gown away with the other PPE before coming out of the room. Review of CNA BB training record revealed CNA BB passed a competency checklist for Donning and Doffing PPE on 4/3/2020 and had attended an in-service on using complete PPE correctly on 6/17/2020. b. Observation of CNA HH on 7/15/2020 6:40 a.m. along with the DON revealed CNA HH was preparing to provide care for R#3 who resided in a quarantined room. CNA HH failed to sanitize the face shield and let dry before donning the face shield per the facility checklist. CNA HH failed to sanitize hands before putting on a clean gown. CNA HH put on double gloves. The CNA donned the face shield upside down, which had not been sanitized prior to use, and entered the R#3's room to provide care. Prior to exiting the room of R#3 CNA HH took off the first layer of gloves and placed them in a biohazard trash container. The CNA doffed the gown inappropriately touching the front side of the contaminated gown to his scrubs as he attempted to hang it on the hook on the wall. CNA HH then came out of the room with the second set of gloves on and removed his face shield. The CNA failed to remove the second pair of gloves and sanitize hands before leaving the room. The DON prompted CNA to remove the second pair of gloves, sanitize hands and sanitize face shield. During an interview with the DON after the observation on 7/15/2020 at 6:35 a.m., in the 100 hallway, she stated CNA HH was nervous but still needed to do it right. Review of the training log for CNA HH revealed he had attended an in-service on using complete PPE correctly on 6/17/2020. 3. Review of the facility COVID-19 Preparedness Plan dated 3/16/2020 failed to include standards, policies, or procedures based on current national standards. The following Resident care areas were not addressed in the plan: a. Admissions or re-admissions from the hospital criteria and procedures to prevent the spread of COVID-19 in the facility. b. Policy and procedures for residents regularly leaving the facility for medically necessary purposes such as [MEDICAL TREATMENT], [MEDICAL CONDITION], and outpatient procedures to identify necessary precautions to prevent the potential spread of COVID-19 within the facility. The facility currently has four [MEDICAL TREATMENT] Residents. During an interview with the ICP on 7/15/2020 at 7:51 a.m. in the beauty shop, said none of the [MEDICAL TREATMENT] Residents have tested positive for COVID-19. The ICP agreed the Preparedness plan did not address residents leaving the facility for [MEDICAL TREATMENT], outpatient procedures or hospital admits and re-admits and stated, the Administrator was working on it. During a phone interview with the Medical Director on 7/15/2020 at 8:31 a.m. he stated [MEDICAL TREATMENT] Residents are together on the first-floor area where other quarantined residents reside. The Medical Director was unaware the COVID-19 Preparedness Plan did not address management of Residents going out of the for treatment. During an interview with the Administrator in her office on 7/15/2020 at 9:18 a.m. she stated the facility placed all [MEDICAL TREATMENT] Residents in private rooms close to the exit so they will not have to be</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>transported throughout the facility when leaving the facility. The Administrator agreed the facility Preparedness Plan, dated 3/16/2020 did not address Residents leaving the facility for [MEDICAL TREATMENT], outpatient procedures or hospital admits and re-admits. Admissions to the facility were ceased in March. The first new admission was accepted on 7/13/2020 from the hospital and is currently on a 14-day quarantine with droplet precautions.</p>		