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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>115449</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>08/27/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>HART CARE CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>261 FAIRVIEW AVENUE<br/>HARTWELL, GA 30643</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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews, record review, and policy review, the facility failed to ensure staff followed infection control policies related to transmission-based precautions for three of five residents (Resident (R)#1, R#3, and R#4) observed for infection control practices. Certified Nursing Assistant (CNA) AA, CNA BB, and Licensed Practical Nurse (LPN) AA cared for residents positive for COVID-19 without wearing a face shield. Findings include: Review of the facility's policy titled Pandemic Response Plan, revised on 4/23/20, directed that when COVID-19 is Suspected or Confirmed in Your Center .Ensure signs are displayed for patients on droplet and contact precautions . assign goggles to direct care staff . Interview with the Director of Nursing (DON) on 8/27/20 at 4:45 PM revealed that in July 2020 the facility adopted the following CDC guidance as the facility policy. Review of the CDC Guidance on Cohorting COVID or Suspected COVID Individual in Nursing Homes dated 7/20/20 directed for the Care of Residents with COVID-19 .HCP (Health Care Personnel) should wear an N95 or higher -level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or disposable face shield that covers the front and sides of the face) , gloves, and gown when caring for these residents universal use of all recommended PPE (Personal Protective Equipment) for the care of all the residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission .Place signage at the entrance of the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 mask .at all times while on the unit. Gowns and gloves should be added when entering resident rooms. During an interview on 8/27/20 at 9:15 AM, the DON stated that she is the designated Infection Control Preventionist (ICP) in the facility. The DON stated that the facility currently has four residents positive for COVID-19 on transmission-based precautions on a COVID Unit, Hall 100, with the remainder of the unit housing COVID recovered residents (residents who previously had COVID and no longer require precautions). The facility is keeping the COVID positive residents on transmission-based precautions for 20 days. During an interview on 8/27/20 at 9:40 AM, the Minimum Data Set (MDS) Registered Nurse (RN) identified R#1, R#2, R#3, and R#4 as active COVID positive cases who required transmission-based precautions, specifically, contact and airborne precautions. The remainder of the COVID Unit houses COVID recovered residents who remain on Droplet Precautions. Review of the 8/27/20 Resident Room List revealed that 32 residents resided on Hall 100 and denoted the four residents who were on active COVID-19 precautions resided in rooms [ROOM NUMBER]. Review of R#1's Clinical Laboratory Services Result, located in the Electronic Health Record (EHR) under the scan docs tab, dated 8/21/20, documented that on 8/18/20 the lab received a sample taken on 8/17/20 for Coronavirus [DIAGNOSES REDACTED] CoV-2 (COVID-19) and the result was positive. Review of R#2's EHR under the scan docs tab, dated 8/5/20, documented that on 8/3/20 the lab received a sample taken on 8/3/20 for Coronavirus [DIAGNOSES REDACTED] CoV-2 (COVID-19) and the result was positive. Review of R#3's Clinical Laboratory Services Result, located in the EHR under the scan docs tab, dated 8/21/20 documented that on 8/18/20 the lab received a sample taken on 8/17/20 for Coronavirus [DIAGNOSES REDACTED] CoV-2 (COVID-19) and the result was positive. Review of R#4's hospital discharge medical records provided by the Medical Record Department documented the resident was hospitalized on [DATE] for Urinary Tract Infection [MEDICAL CONDITIONS] and COVID-19. At the time of the survey, R#4 was still on transmission-based precautions per the facility's 20-day isolation policy. During an observation on 8/27/20 at 10:00 AM, CNA AA exited R#3's room wearing a blue isolation gown, N95 mask, and gloves with a plastic bag in her right hand and walked across the hall to two large plastic bins; she was not wearing goggles or a face shield. During an interview on 8/27/20 at 10:30 AM, the DON stated that the facility does not have a problem with the supply of face shields. During an observation on 8/27/20 at 12:20 PM, LPN AA administered medications to R#4. Prior to entering the room LPN AA donned (put on) a blue isolation gown and gloves; however, no goggles or face shield was worn. During an interview on 8/27/20 at 4:30 PM, LPN AA stated she did not wear a face shield when she administered medications to R#4 because it's not posted on the signage. During an observation on 8/27/20 at 12:30 PM, CNA BB was noted in the room at R# 1's bedside feeding the resident. CNA BB was wearing a long-sleeved isolation gown, gloves, and an N95 mask; however, she was not wearing goggles or a face shield. During an interview on 8/27/20 at 4:35 PM, CNA BB stated she did not wear a face shield when she fed R#1 because a face shield was not posted on the signage on the resident's door and the resident does not spray when she eats.</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.