

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER OAKVIEW HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 960 HIGHLAND AVENUE SUMMERVILLE, GA 30747	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure residents, residents' representatives, and residents' families were notified by 5:00 PM the following day, if/after a resident of the facility tested positive for COVID-19. On 9/18/20 the facility was notified Resident (R) #1 tested positive for COVID-19; however, the facility did not notify residents, residents' representatives, and residents' families of the new positive case until 9/22/20, four days after the facility received the positive result. The facility's failure had the potential to affect all residents, residents' representatives, and residents' families of the facility. The facility census was 111. Findings include: Review of the facility's undated policy titled, Practice Guidelines for Associate and Patient Testing for COVID-19, revealed Family Notification of Results. Centers should inform patients, their representatives, and families of those residing in centers by 5 p.m. the next calendar day following the occurrences either a single confirmed infection of COVID-19, or three or more patients or associates with new-onset of respiratory symptoms occurring within 72 hours of each other. Review of Resident (R) #1's undated Face Sheet, provided by the facility, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of R#1's COVID-19 test results, dated 9/18/20, located in the resident's EMR under the medication administrator record (MAR) revealed the resident tested positive for COVID-19. Review of R#1's Nurses Note, dated 9/18/20, located in the resident's EMR under the nurses note tab, revealed Resident did test positive this AM for COVID, placed on contact and droplet precaution and COVID protocol initiated. Interview on 9/22/20 at 4:27 PM with the Director of Nursing (DON) revealed in the past, the facility had updated residents and their representatives after residents and/or staff of the facility had tested positive for COVID-19; however, the facility did not notify all residents and their families by 5:00 PM the following day after R#1 tested positive on 9/18/20. The DON stated the facility did completed the notifications until today (9/22/20). When asked who was responsible for making these notifications, the DON stated it was the nursing management's responsibility and this was an oversight by the facility. Interview on 9/22/20 at 4:44 PM with the Administrator revealed, the facility prioritized residents' care over notifying the residents and their families after a staff or resident tested positive for COVID 19</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.