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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115467 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/16/2020 |
| NAME OF PROVIDER OF SUPPLIER UNIVERSITY NURSING & REHAB CTR | | STREET ADDRESS, CITY, STATE, ZIP 180 EPPS BRIDGE RD ATHENS, GA 30606 | |
| 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 - Few | Provide and implement an infection prevention and control program. Based on observation and staff interview the facility failed to ensure staff practiced social distancing for one (1) of one (1) random observations of staff during a break with their masks off. This failure occurred during a COVID-19 pandemic. The findings include: During a random observation on 6/16/20 at 11:30 a.m., Minimum Data Set Coordinator #1 and MDS Coordinator #2 were observed in the dining room seated at joining sides of a small table. They were approximately two (2) to three (3) feet apart, and were wearing their facemasks under their chin; not covering their face or nose. Upon inquiry MDS Coordinator #1 indicated she had been made aware staff should social distance during breaks. MDS Coordinator #2 stated they usually sat one person per table during breaks. MDS Coordinator #1 moved to another table. There were four (4) other staff members seated in the dining room at a collection of three (3) small tables pushed together. Each of these staff members (Staff #1, #2, #3, #4) were seated within approximately three (3) feet of another staff member and did not wear a mask, or their mask was under their chin. During an interview with the Administrator on 6/16/20 at 11:35 a.m. he stated staff were expected to sit one per table and practice social distancing (maintain a distance of at least six (6) feet apart) during breaks. During an observation on 6/16/20 at 11:40 a.m., with the Administrator, MDS Coordinator #s 1 and 2 were observed seated at a small table across from each other. They were approximately three (3) to four (4) feet apart and were not wearing facemasks over their mouth and nose. There were also four (4) other staff members sitting less than six (6) feet apart and without wearing facemasks. The Administrator then instructed the staff to spread apart and sit one (1) to a table. | | |
| 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.