

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVALON HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>120 SPRING STREET NEWNAN, GA 30263</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, staff interviews, and review of the facility's policy entitled Procedure for collecting soiled linen . and Procedure for Delivering Clean Linen, the facility failed to ensure that a clean linen cart used to deliver linen to three (3) of four (4) units was covered to prevent the potential for transmission of infection. The findings include: On 9/2/20 at 10:45 AM Laundry Aid (LA #1) was observed on the West Hall pushing an uncovered cart with clean linen. She wore gloves and was restocking a stationary linen cart on the West hall. During an interview with LA#1 on 9/2/20 at 10:45 AM, she stated her process for restocking the stationary linen carts on the halls. She reported the laundry was located on the back grounds outside of the facility. She filled the flat cart with clean linen and without a cover, began to take the linen to the different halls (East Hall, Middle Hall (COVID-19 Residents) and West Hall). LA#1 stated she rang the bell to enter the facility on the East Hall, then restocked the stationary linen cart on that hall. She traveled to the Middle Hall (COVID Unit) and restocked the stationary linen cart and then continue to the West Hall to restock the stationary linen cart. LA#1 was observed wearing several pairs of gloves but stated she did not need to change them when handling clean linen. The Director of Nursing was present during this observation and interview with LA#1 on 09/02/20 at 10:45 AM. She reminded the LA#1 that wearing several pairs of gloves was not policy, and she needed to perform hand hygiene each time gloves were put on and/or removed. On 09/02/20 at 12:25 PM an interview was conducted with the Environmental Director (ED). He stated it was the policy that all laundry transported from the laundry room to the halls should be covered. The ED provided a one page, Procedure for collecting soiled linen . and Procedure for Delivering Clean Linen. 1. Take covered linen delivery cart, 2. Do not use gloves to deliver clean linen, 3. Fill carts and put cover down, 4. Proceed to all stops. Revised 09/02/20.		
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.