

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115565</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROSEMONT AT STONE MOUNTAIN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5160 SPRING VIEW AVENUE STONE MOUNTAIN, GA 30083</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 0882  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>Based on interview, record review, and policy review, the facility failed to ensure a qualified Infection Preventionist was on staff, creating the potential for an ineffective infection prevention program and contributing to the spread of disease for all residents in the facility. The facility census at the time of survey was 138, with 22 residents testing positive for the novel coronavirus (COVID-19) at time of survey. Findings include: An entrance interview with the Administrator on 10/20/20 at 9:00 AM revealed the facility employed a part-time nurse to oversee the Infection Prevention and Control Program, but that individual was not working on that day. The Administrator stated the Infection Preventionist Nurse worked between eight and 16 hours per week, sometimes remotely. The Administrator stated the Infection Preventionist had received specialized training in infection control via the Centers for Disease Control (CDC) online training. The Administrator, who was also a Registered Nurse, stated he assisted with the oversight of the facility's Infection Prevention and Control Program, but had not completed any specialized training for that role. The Administrator was asked to provide evidence of the Infection Preventionist's credentials. An interview with the Nurse Practitioner (NP) 1 on 10/20/20 at 3:00 PM revealed she believed the facility Administrator oversaw the Infection Prevention and Control program. NP1 stated, There is another lady who goes through (resident and staff) temperature checks, antibiotic orders, etc., and records them in my office, but did not affiliate that person as being the Infection Preventionist. NP1 stated, I have asked for more training to take a more active role in the facility's program, especially with the COVID outbreak. I think (the Administrator) is good, but he has too many other things to do to give this enough attention. An interview with the Regional Nurse Consultant (RNC) on 10/20/20 at 5:29 PM revealed it was her expectation that the facility's Infection Preventionist would track and trend infections, provide staff in-services, and could also be responsible to ensure staff compliance with acceptable infection control practices, but any nurse in the facility can really do that. It doesn't take a specialist. The RNC stated the facility's Infection Preventionist should dedicate 15-20 hours of a 40-hour work week to the Infection Prevention and Control Program. An interview with RN8 on 10/20/20 at 5:50 PM revealed she was the facility's Infection Prevention and Control nurse. RN8 stated her duties included tracking infections, logging data, and training staff on current infection control practices. RN8 stated she thought she had completed the CDC training course but was not sure and would have to look to see if she had a certificate. RN8 did not respond when asked how many hours she worked per week in the facility. A request was made to the facility Administrator on 10/20/20 at 5:55 PM for evidence that RN8 had been working in the facility via work schedules and time-card punch reports. An interview with the Administrator on 10/20/20 at 6:15 PM revealed he was not able to locate the work schedules or time-card punches for RN8, nor was he able to locate or provide her Infection Prevention and Control training certificates. Review of the facility's Infection Preventionist policy, revised July 2016, revealed, .The Infection Preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and practices. The policy did not specify that the Infection Preventionist was required to work at least part-time in the facility, or required any specialized training.</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.