

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER CAMELLIA GARDENS OF LIFE CARE		STREET ADDRESS, CITY, STATE, ZIP 804 SOUTH BROAD STREET BOX 1959 THOMASVILLE, GA 31792	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and review of the facility policies titled, Guide to Infection Prevention and Control Food and Nutrition Services and Guide to Infection Prevention and Control Hand Hygiene the facility failed to demonstrate competency in performance of hand hygiene during meal service for five of eight sampled residents (R) (R#4, R#5, R#6, R#7 and R#8). Findings include: Review of the facility policy titled, Guide to Infection Prevention and Control Food and Nutrition Services revised 4/13/2020 documented, Wash hands carefully . before touching food . Review of the Guide to Infection Prevention and Control Hand Hygiene revised 5/1/2020 documented, When to perform proper hand hygiene with Alcohol Based Hand Rub (ABHR) and with soap and water; Before and after all resident contact. During an observation on 6/25/2020 at 11:40 a.m., Certified Nursing Assistant (CNA) AA moved the food cart from the hall with rooms 34-36 to the hall with rooms 37-44. CNA AA was not wearing gloves. CNA AA removed a tray of food from the food cart and took it to room [ROOM NUMBER]. She placed the tray of food on R#4's bedside table. CNA AA opened the resident's carton of milk and opened the package of plastic utensils. CNA AA had not washed her hands/performed hand hygiene. CNA AA took R#4's baked potato and held it between her thumb and index finger and with the right hand cut into the potato. She then removed the paper wrapping from a straw and placed it into the open carton of milk for the resident. CNA AA then went back to the food cart in the hall and removed another tray of food without washing/cleaning her hands. CNA AA then placed the tray of food on R#5's bedside table in room [ROOM NUMBER]. CNA AA then picked up the call light button off the floor and placed it on the resident's bed. CNA AA adjusted R#5's bed covers pulling them up to cover the resident. CNA AA then removed the paper wrapping from the straw for R#5's milk. The call light had fallen off the bed again and CNA AA picked it up off the floor and placed it back on the resident's bed. CNA AA picked up R#5's straw with one hand and the milk carton with the other and guided it to the resident's mouth. She then fed the resident some of his mashed potatoes and gravy. CNA AA walked back to the food cart and without washing/cleaning her hands she took a tray into room [ROOM NUMBER] for R#6. CNA AA removed the wrapper from the straw, opened the package of plastic utensils, and cut up the baked potato with the utensils without having performed any hand hygiene. The CNA spooned sour cream onto the potato and then placed a fork into R#6's hand and left the room. As she left the room, she removed hand sanitizer from her pocket and cleaned her hands. Observation on 6/25/2020 at 11:50 a.m.; CNA BB with gloved hands took a meal tray off the cart and took it into room [ROOM NUMBER]. She placed the tray on the bedside table, adjusted the pillows on R#7's bed, took a coat that was on the chair next to the bed and hung it up. CNA BB left room [ROOM NUMBER] without removing her gloves and retrieved another meal tray which she took to room [ROOM NUMBER] for R#8. CNA BB, with the same gloved hands, then opened the butter packet, the utensil package, scooped the butter out of the packet, and cut up the potato using the utensils. All of this was completed without any handwashing/hand hygiene. Interview on 6/25/2020 at 12:00 p.m., CNA BB stated proper hand hygiene consisted of cleaning one's hands between working with residents. Interview on 6/25/2020 at 4:12 p.m., the Infection Preventionist stated staff were trained to gel in and gel out (apply alcohol-based hand rub) when going into a resident's room and when leaving the room. The Director of Nursing joined the interview and stated staff should clean their hands in between serving residents.</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.