

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE INN HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>307 JONES MILL ROAD STATESBORO, GA 30458</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews, record review, and policy review, the facility failed to ensure staff followed infection control policies related to transmission-based precautions to prevent the spread of infections for two of five residents (R) (#1 and #2) observed for infection control practices. Specifically, Certified Nursing Assistant (CNA) AA provided care for the [MEDICAL TREATMENT] residents on transmission-based precautions due to the COVID 19 pandemic without wearing full Personal Protective Equipment (PPE) and without proper handwashing between resident care. Findings include: Review of the facility's policy, revised on 4/23/20, Pandemic Response Plan, directed when High-COVID 19 is suspected or confirmed in your center. New Admissions, non COVID19 .may be admitted using the following guidance: **Patient should be placed into private room under droplet precautions for 14 days. Review of the facility's undated policy, TRANSMISSION-BASED PRECAUTIONS, directs the use of barriers in addition to those used for Standard Precautions .Use of Personal Protective Equipment (PPE) . Wear gloves whenever touching the resident's intact skin or surfaces and articles in close proximity to the resident (e g., medical equipment, bedrails). Don gloves upon entry into the room. During an interview on 8/5/20 at 10:00 a.m., the Director of Nursing (DON) stated that the facility had a COVID 19 outbreak on 6/26/20 and experienced four COVID related deaths; however, no one in the facility on 8/5/20 was positive for COVID. The DON stated the facility has three residents on [MEDICAL TREATMENT] who go out of the facility for [MEDICAL TREATMENT] three times a week. The DON stated the residents on [MEDICAL TREATMENT] are treated like new admission/readmissions and have been on quarantine precautions since the beginning of the COVID 19 pandemic in March 2020. The DON stated the facility has a COVID Policy and follows Centers for Disease Control and Prevention (CDC) guidance for the COVID 19 pandemic. Review of R#1's Face Sheet revealed the resident has End Stage [MEDICAL CONDITIONS] (failure of the kidneys to produce urine) and is dependent on [MEDICAL TREATMENT]. Review of R#2's Face Sheet revealed the resident has [MEDICAL CONDITION] and is dependent on [MEDICAL TREATMENT]. Observation on 8/5/20 at 8:50 a.m. revealed R#1 and R#2 were in a semiprivate room and the door had signage posted for DROPLET PRECAUTIONS and ENHANCED BARRIER PRECAUTIONS wear gloves and gown for high contact resident activities . changing linens. On 8/5/20 at 8:50 a.m., CNA AA was observed outside R#1 and R#2s' room at the isolation cart donning (putting on) an isolation gown; he already had on an N95 mask and goggles. The CNA entered the room without donning gloves and straightened up R#2's empty bed with his bare hands. Without washing his hands, he went to assist R#1 in his bed with items on his bedside table and straightened the linens on his bed. CNA AA went into the bathroom in the room, washed his hands and came out wearing gloves. During an interview on 8/5/20 at 8:55 a.m., CNA AA stated he was not wearing gloves when he entered the room because he forgot and placed them on when he remembered. During an interview on 8/5/20 at 2:22 p.m., the Assistant Director of Nursing/Infection Preventionist (ADON) stated that all the [MEDICAL TREATMENT] residents are on transmission-based precautions and staff should be wearing full Personal Protective Equipment (PPE), gown, gloves, N95 mask and eye protection, when entering the residents' rooms. The ADON further stated that the signage the facility uses to denote the transmission-based precautions are for droplet and barrier precautions and that handwashing between resident contact is required to adhere to Standard precautions.</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.