

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER WESTWOOD HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 101 STOCKYARD ROAD STATESBORO, GA 30458	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review and review of the facility policy related to monitoring of residents for Covid-19 the facility failed to follow their policy for daily monitoring of temperatures and completing a respiratory assessment if the resident's temperature was 99 degrees Fahrenheit (F) to 99.9 degrees F. This failure affected four of five sampled residents (R) (R#1, R#3, R#4, and R#5). These infection control failures had the potential to affect all of the residents residing in the facility at the time of the survey; and increased the potential of unidentified COVID-19 infections, thus increasing the risk of spreading [MEDICAL CONDITION] within the facility. Findings include: Review of the facility's policy dated 3/18/20, and titled, Guidance for Current Infection Control Practices revealed it was the facility's policy that facility staff were to be vigilant with resident screening, take temperatures daily and observe for signs/symptoms of respiratory infection, cough, shortness of breath. Complete a focused assessment of any resident with a temperature of 99 (F) and observe for early signs/symptoms of illness for at least 72 hours. Interview on 7/1/20 at 3:45 p.m., with the Director of Nursing (DON), revealed it was her expectation that facility staff were to check temperatures twice a day on each resident and monitor residents for changes in their respiratory status. The DON stated if a resident had a temperature of 99 degrees Fahrenheit (F), the nurse should complete the Respiratory Evaluation, located in the Electronic Medical Record (EMR) under the assessment section and monitor the resident for respiratory issues for 72 hours. Review of the Weights and Vital Summaries located in the EMRs of the affected residents revealed inconsistent monitoring and Respiratory Assessments for Resident (R) #1, R#3, R#4, and R#5. The Respiratory Evaluations were completed on some days when the residents had elevated temperatures, and not on other days, as identified below. 1.) Review of the Weights and Vital Summary located in the EMR revealed R#1 had no daily temperatures on 5/24/20, 5/28/20, 6/2/20, 6/4/20-6/7/20, and 6/16/20-6/23/20. The Weights and Vital Summary revealed R#1 had a temperature of 99.9 degrees F on 5/15/20 and there was no Respiratory Evaluation completed on 5/15/20. 2.) Review of the Weights and Vital Summary revealed R#3 had no daily temperatures on 5/28/20, 6/2/20, 6/14/20-6/16/20, 6/19/20, 6/22/20, 6/28/20, and 6/30/20. The Weights and Vital Summary revealed R#3 had temperatures between 99 degrees F and 99.5 degrees F on 5/16/20, 5/18/20, 5/23/20, and 6/4/20 and there were no Respiratory Evaluations completed on those days. 3.) Review of the Weights and Vital Summary revealed R#4 had no daily temperatures on 5/29/20, 5/31/20-6/2/20, 6/6/20, 6/7/20, 6/15/20, 6/16/20, and 6/18/20-6/22/20. The Weights and Vital Summary revealed R#3 had temperatures between 99 degrees F and 99.8 degrees F on 5/20/20, 6/4/20, and 6/10/20 and no Respiratory Evaluations were completed on those days. 4.) Review of the Weights and Vital Summary revealed R#5 had no daily temperatures on 5/25/20-5/29/20, 6/2/20, 6/4/20-6/8/20, 6/13/20, 6/14/20, and 6/16/20-6/25/20. The Weights and Vital Summary revealed R#5 had temperatures between 99.0 degrees F and 99.4 degrees F on 5/14/20, 5/23/20, 5/24/20, and 6/29/20 there were no Respiratory Evaluations completed on those days. Interviews on 7/1/20 at 1:30 pm with Licensed Practical Nurse (LPN) AA and on 7/1/20 at 10:15 am and with LPN BB revealed R#1, R#3, and R#4 resided in private rooms and were on droplet and contact precautions for 14 days related to being newly admitted to the facility or due to receiving [MEDICAL TREATMENT] outside of the facility to ensure they had no symptoms of Covid-19. LPN AA stated R#5 no longer required isolation. LPN AA and LPN BB stated the staff completed daily temperatures on each resident and assessed the residents for respiratory issues and signs of Covid-19. LPN AA and LPN BB stated they charted in the EMR if the resident had a change in their condition. LPN AA and LPN BB stated that if a resident had a temperature of 99 degrees F, the nurse completed the Respiratory Evaluation. LPN AA confirmed there were occasions when the nurse had not completed the Respiratory Evaluations on R#1, R#3, R#4, and R#5 per the policy. LPN AA and LPN BB stated R#1, R#3, R#4, and R#5 had no respiratory or Covid-19 signs and symptoms since their admission to the facility, and therefore they did not document the information in the EMR. During an interview on 7/1/20 at 2:45 pm with the Administrator, the Surveyor and the Administrator reviewed the Guidance for Current Infection Control Practices policy and the temperatures and respiratory evaluations completed on R#1, R#3, R#4, and R#5. The Administrator stated that although the staff completed temperatures and respiratory assessments on R#1, R#3, R#4, and R#5, the staff did not consistently complete daily temperatures and a respiratory assessment as indicated in the facility's the policy.</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.