

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115683	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY		STREET ADDRESS, CITY, STATE, ZIP 1362 SOUTH MAIN STREET ELLIJAY, GA 30540	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on interviews, record review, and review of facility documentation, the facility failed to ensure there were procedures for addressing residents that refuse testing or are unable to be tested . The failure has the potential to expose additional residents to COVID-19. Findings include: An interview was conducted with the Administrator, Director of Nursing (DON), and the Assistant Director of Nursing (ADON) on 10/14/20 at 2:00 PM. The Administrator, DON, and ADON stated the facility was currently at their peak in COVID-19 cases and was conducting testing of residents every 3 to 7 days. The DON stated the increase in cases started on 9/29/20 with seven residents testing positive for COVID-19. Currently 44 of 88 residents are COVID-19 positive. The DON stated only one resident has refused testing and identified the resident as Resident (R)#4. A review of R#4's Progress Notes in the medical record revealed R#4 received a COVID-19 test on 9/30/20 and the results of the test were negative. The record review further revealed R#4 was not re-tested until 10/14/20 (14 days later) and the results of the test were negative. R#4 refused to cooperate with any other testing. A review of the facility's policy titled, COVID-19 Pandemic Plan, dated 8/24/20, stated . follows current guidelines and recommendations for the prevention and control of the coronavirus. In addition, the policy stated, All consenting residents will be tested for COVID- 19 monthly via nasopharyngeal swab for screening purposes. The review of the policy revealed no additional guidance related to testing residents during an outbreak and did not provide procedures for addressing residents that refuse testing or are unable to be tested . A Center for Medicare and Medicaid Services (CMS) publication, QSO 20-38-NH, dated 08/26/20, directed nursing homes as follows, .Facilities must have procedures in place to address residents who refuse testing. An interview was conducted with the Administrator, DON, and ADON on 10/14/20 at 4:15 PM. The Administrator stated the facility's policy did not address how the facility would respond when a resident refused to be tested or was unable to be tested .</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.