

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER CHATUGE REGIONAL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 386 BELAIRE DRIVE HIAWASSEE, GA 30546	
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 - Few	<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 observation, interviews, record reviews and review of the facility's policies, the facility failed to ensure an effective infection control system was maintained to prevent the potential transmission of COVID-19 between facility residents. Observation on 9/21/20 revealed, Certified Nurse Aide (CNA) AA failed to don the appropriate Personal Protective Equipment (PPE) while providing care for a resident who was confirmed positive for COVID-19. The findings include: Review of the facility's policy titled, Pandemic Flu Plan and COVID-19 Plan, revised 3/2020 revealed .wear gowns for any patient-care activity when contact with blood, body fluids, secretions (including respiratory), or excretions is anticipated .Adhere to Droplet Precautions . Review of the facility's policy titled, PPE, revised 10/2018 revealed the use of PPE during resident care is determined by the nature of staff interaction and the extent of anticipated blood, body fluid, or pathogen exposure to include contamination of environmental surfaces .3. Masks, Eye Protection, Face Shields. a. Mask and eye protection or face shield are worn to protect mucous membranes of the eyes, nose, and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions .4. Gowns. a. Gowns (clean, non-sterile) are worn to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of clothing . Review of R#3's undated Record of Admission, revealed the resident was admitted to the facility on [DATE]. Review of R#3's undated, Active Orders (physician), revealed on 9/13/20, the resident was ordered by his physician Droplet Isolation Dx.-COVID-19 . Review of R#3's COVID-19 results dated 9/13/20, revealed the resident tested positive for COVID-19. Observation on 9/21/20 at 11:58 AM of Certified Nurse Aide (CNA) AA revealed the CNA was changing R#3's bed linens. Continued observation revealed the CNA had on PPE to include: a N95 mask, gloves, and a gown; however, the gown was not tied as recommended and was only covering the CNA's forearms. Further observation revealed the CNA was not wearing any eye protection. Observation of the resident's door frame revealed an orange sign that stated, Please see nurse before entering room. Interview on 9/21/20 at 12:00 PM, with Registered Nurse (RN) BB confirmed that the CNA did not have on eye protection and the CNA was not wearing his gown appropriately. RN BB stated the gown should have been fully covering the CNA and not just his arms because of infection control concerns. Interview on 9/21/20 at 12:02 PM, with CNA AA, revealed when asked about the way he was wearing is PPE gown, the CNA stated it fell off because it must have come untied. The CNA stated all he was doing was making residents' beds. Continued interview with the CNA revealed he should have fixed his gown because the room was a COVID positive room. Further interview with the CNA revealed he had been working on the COVID hall for approximately a week and no one had told him that he was supposed to wear eye protection. The CNA stated he thought eye protection was optional. Interview on 9/21/20 at 2:55 PM, with the facility's Infection Preventionist (IP), revealed it was her expectation CNA AA would have had the PPE gown tied and not falling off of him to ensure all of his body was covered and he should have had eye protection on. The IP stated this was important so the CNA did not spread COVID-19. Interview on 9/21/20 at 4:08 PM, with the Director of Nursing (DON), revealed it was her expectation the CNA would have worn the PPE gown properly with eye protection to protect himself, other staff, and residents from possible COVID-19 exposure. Interview on 9/21/20 at 4:18 PM, with the Administrator, revealed it was his expectation CNA AA would have had the PPE gown on correctly and had on eye protection while in the COVID positive room.</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.