

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER DUBLINAIR HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 300 INDUSTRIAL BLVD DUBLIN, GA 31021	
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 observation, interview, and policy review, the facility failed to ensure that appropriate personal protective equipment (PPE), including a mask and face shield, was utilized on two of three COVID-19 designated halls (D and E). Findings include: Observation on 8/12/20 at 9:50 a.m., revealed the of COVID 19 positive areas to be the D, E, and F hall (designated with signage on the closed fire door entrance to each hall). Observation of the E hall doorway at 12:29 p.m. on 8/12/20 showed the Therapy Director (TD) GG exited the hallway without a mask or face shield, removed gloves, and held the used gloves in her hand, while putting on a new clean gown. When asked about the PPE, TD GG confirmed she did not have a mask on. She then removed the gown and walked away. At 10:12 a.m. on 8/12/20, Environmental Services Worker (EVS) AA exited the D hall with a face mask, gown and gloves on carrying a bag of trash. In an interview on 8/12/20 at 10:24 a.m., the Director of Nursing (DON) observed EVS AA don PPE, go into Room D1, where she was cleaning. Upon observing EVS AA, through the fire door windows, the DON saw that EVS AA was not wearing a face shield. After talking with the DON, EVS AA returned to the housekeeping cart to retrieve her face shield. In an interview on 8/12/20 at 2:20 p.m., the DON confirmed the EVS personnel should wear goggles or face shields when working on the units where infectious residents resided. Review of the October 2010 revision of the facility policy titled, Personal Protective Equipment - Using Face Masks, indicated: .When to Use a Mask 1. When providing treatment or services to a patient who has a communicable respiratory infection; 2. When providing treatment or services to a patient and the use of a mask is indicated; and 3. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose. Review of the policy revealed it was not updated to address using masks for protection from the [MEDICAL CONDITION].</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.