

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115685</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARDMONT HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1043 LONGSTREET ROAD ELBERTON, GA 30635</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<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 observations, resident and staff interviews, record review and review of the facility's policies entitled Return to Work Guidance After COVID-19 Illness or Exposure and COVID-19 Emergency Preparedness Policy Plan, the facility failed to follow their COVID-19 return to work policy when a staff member (the Minimum Data Set Coordinator (MDS)/Infection Control Preventionist (IP)), continued to work in the facility and have direct contact with 40 residents currently residing in the facility after testing positive for COVID-19. In addition, the facility failed to isolate one (1) resident (Resident #6), after exposure to his roommate, who tested positive for COVID-19. Further, the facility was unable to provide policies and procedures that addressed the following: 1. Isolation/cohorting to prevent the spread of COVID-19 related to residents with known exposure to COVID-19; 2. Positive residents who left the facility for routine or emergent appointments and 3. Appropriately quarantine staff and residents that prevented the increased risk of transmission of COVID-19. This resulted in an Immediate Jeopardy. On 09/02/20 at 10:00 PM, the Administrator was notified of the immediate jeopardy at F880 (Infection Control) related to the facility's failure to ensure one staff member who tested positive for COVID-19 on 08/27/20 was not working in the facility in direct contact with all 40 residents in the facility; the facility's failure to ensure isolation/quarantine policies were in place and followed for residents who had known exposure to residents who tested positive for COVID-19 and for residents who left the facility for routine or emergent appointments. The facility provided an acceptable removal plan for the immediate jeopardy at F880 on 09/03/20 at 6:45 PM. The removal plan indicated that the staff member who tested positive for COVID 19 was placed on leave and could not return to work. The removal plan included testing of all staff and residents in the facility for COVID-19 and the appropriate placement and quarantining of residents based on test results. The facility's COVID-19 Response Policy was updated to include measures for quarantining residents with known exposure to residents who tested positive for COVID-19 and for residents who left the facility for routine and emergency care. The facility designated a unit which was called Presumptive Positive Unit (PUI) and staff was in-serviced on the policy changes as well as updated on changes in resident status. The removal plan was validated by the surveyor through observations, staff interviews, record review and review of the facility's revised policies and procedures. Observations verified that residents and staff were being tested for the COVID 19 virus and that the revised COVID 19 Policy was being followed in response to testing results, residents leaving the facility and residents who were placed on the PUI unit. The surveyor notified the Administrator that the immediate jeopardy was removed on 09/03/20 at 7:00 PM. The deficient practice was lowered to an F (widespread scope and severity with a potential for more than minimum harm) following the removal of the immediate jeopardy. Based on observation and interview, the facility failed to ensure that staff, Certified Nurse Assistant (CNA) #2, adhered to the facility's policy and procedure regarding the gowning of appropriate Personal Protective Equipment (PPE). The findings include: 1. During the tour of the facility, which included the COVID-19 and Non-COVID-19 Units, on 09/02/20 between 11:40 AM and 1:40 PM, the MDS Coordinator/IP was observed in direct contact with multiple staff and residents on both units, including Certified Nursing Assistant (CNA #1), CNA #2, the Housekeeping Supervisor, Housekeeper (HK #1), Licensed Practical Nurse (LPN #1), and Registered Nurse (RN #1). The MDS Coordinator/IP remained with the surveyor during the entire tour and was within less than 2 feet of these staff members during interviews at approximately 11:45 AM with CNA #1, 12:00 PM with CNA #2, 12:15 PM with the Housekeeping Supervisor, 12:30 PM with HK #1, 1:20 PM with LPN #1, and 1:35 PM with RN #1. During the interviews with CNA #2, the Housekeeping Supervisor, and RN #1, all three stated they had job responsibilities in both the COVID-19 Unit and the Non-COVID Unit and provided direct care or were within close proximity (less than 6 feet) of all residents in the facility on a routine basis. In addition, the Dietary Manager (DM) was observed in the MDS Coordinator/IP's office asking work related questions (within two feet of each other) on 09/02/20 at approximately 11:00 AM and 2:10 PM. The Social Worker was observed in the MDS Coordinator/IP's office discussing work related issues (within two feet of each other) on 09/02/20 at approximately 2:00 PM and approximately 2:30 PM. CNA #3 was observed in the MDS Coordinator/IP's office asking work related questions (within 2 feet of each other) on 09/02/20 at approximately 3:00 PM. The MDS/Coordinator was wearing her N95 mask during these observations, however, the DM, Social Worker, and CNA3 were observed to be wearing only cloth masks at the time of the observations. The MDS Coordinator/IP also escorted the surveyor to Resident #6's room for an interview on 09/02/20 at approximately 5:30 PM. The MDS Coordinator/IP entered the resident's room during the interview and was standing within 2 feet of Resident #6 during the entire interview (approximately 10 minutes). The MDS Coordinator/IP was wearing her N95 mask during the interview, however Resident #6 was not wearing a mask. During an interview with the MDS Coordinator/IP on 09/02/20 at 3:45 PM, she stated he Director of Nursing (DON) had become ill and tested positive for COVID 19 on 08/27/20, the same day the MDS Coordinator/IP also tested positive for COVID. She stated she was aware of the facility's policy that indicated she was to be quarantined for a period of 10 days after testing positive. She stated she was immediately sent home after the positive result but was directed by the Administrator to return to work the following day on 08/28/20 and was told to quarantine herself in her office. She also indicated she had been working her full-time schedule since she tested positive and in addition she had also picked up a shift as the charge nurse on the COVID-19 Unit on 08/30/20. According to the MDS/IP nurse, although administration was aware of her results, she had been directed by the corporate office to report back to work. Review of the MDS Coordinator/IP's work schedule from 08/27/20 through 09/02/20 revealed she had been in the facility and had worked her regular 8-hour day shifts (as MDS Coordinator/IP) on 08/28/20, 08/31/20, 09/01/20, and 09/02/20. In addition, the schedule she filled in as the charge nurse and provided direct care to residents on the COVID-19 Unit from 7:00 AM to 7:00 PM on 08/30/20. According to the Employee COVID Testing List, the MDS Coordinator/IP tested positive for COVID-19 on 08/27/20. During an interview with the Administrator on 09/02/20 at 4:00 PM, she stated the MDS Coordinator/IP was needed to work as a charge nurse on 8/30/20, and that, to her knowledge, she just kept coming to work after that date through the survey date. She was unable to recall why the MDS Coordinator/IP worked in the facility on the other dates and stated her job did not require her to be in the facility. The Administrator acknowledged she was aware of the facility's Return to Work Guidance After COVID-19 Illness or Exposure Policy and that it indicated staff was not to return to work after a positive COVID-19 test result until at least 10 days after the positive test result and the staff member was symptom free. She acknowledged the policy had not been followed. During an interview with the Medical Director on 09/02/20 at 6:15 PM, he stated he was aware that there were cases of COVID 19 in the facility, but he was not aware that the MDS Coordinator/IP had tested positive and continued to work in the facility with direct contact with all residents and staff. He stated the MDS Coordinator/IP should have been isolated/quarantined at home for 14 days before being allowed to return to work. Review of the facility's policy entitled, Return to Work Guidance After COVID-19 Illness or Exposure dated 07/21/20 revealed, The following guidance should be used to make decisions about return to work for employees and Symptom based strategies for determining return to work, and Asymptomatic HCPs (Health Care Partners) with confirmed COVID-19 can use the time based strategy and return to work after: (1) at least 10 days have passed since the positive laboratory test and the HCP remains asymptomatic. (2) Note, asymptomatic HCPs who test positive</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.

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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>and later develop symptoms should follow the guidance for symptomatic HCPs. 2. According to the facility's Census List dated 09/02/20, there were a total of 19 residents in the facility who tested positive and were resided in the COVID-19 Unit and 21 residents on the Non-COVID-19 Unit. Five (5) additional residents were hospitalized for [REDACTED]. An updated facility Census List dated 09/03/20 revealed 26 residents on the COVID-19 positive unit, 10 residents on the PUI unit for isolation, and two (2) residents resided on the Non-COVID-19 Unit. Seven residents were hospitalized for [REDACTED]. 3. Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident's Quarterly MDS dated [DATE], indicated the resident's cognition was severely impaired with a Brief Interview for Mental Status (BIMS) Score of 3. Resident #6 was independent with ambulation and only required supervision of staff to walk about the facility. Review of Resident #6's COVID-19 Care Plan dated 06/18/20, indicated the resident was at risk for developing COVID 19 due to risk for non-compliance with precautions. The planned approaches included monitoring for signs and symptoms of COVID-19, encouraging the resident to socially distance himself from others, wear a mask in common areas, and to follow appropriate cough etiquette and hand washing, and preventative COVID-19 isolation as ordered after hospital returns. Review of the Departmental Notes, indicated Resident #6 had been out of the facility on 08/04/20, 08/19/20, and 09/02/20 for routine visits with his oncologist. The facility Census List dated 09/02/20 indicated Resident #6 resided on the Non-COVID Unit as of 08/26/20 and through the exit date of the survey. Prior to 08/26/20, Resident #6 was a roommate with Resident #9 (who tested positive for COVID-19). Resident #9 was moved to the COVID Unit, but Resident #6 remained on the Non-COVID Unit and moved into the room with Resident #7. On 09/02/20 at 5:30 PM, during an observation and resident interview in the resident's room, he stated he was able to ambulate in his room independently. He also stated he had just returned from an appointment with his doctor, wasn't in any kind of isolation and he could walk around the facility freely as long as he wore a mask. The MDS Coordinator/IP was present at the time of the interview and verified the resident's statements were accurate. During an interview with the MDS Coordinator/IP on 09/02/20, at 5:40 PM, she stated the facility had not previously quarantined or cohorted any residents after known exposure to positive roommates. She further stated that residents, who had been out of the facility to appointments had not been isolated/quarantined to ensure COVID-19 was not spread throughout the facility. There was no policy to address these issues, and that she had not thought about the possibility of spreading [MEDICAL CONDITION] this way. She stated no further testing had been done on residents who had prior negative COVID-19 results unless residents were showing signs of the disease. During an interview with the Medical Director on 09/02/20 at 6:16 PM, he stated he had been made aware of the COVID-19 outbreak in building the previous week and had not received any updates since that time. He stated he asked what was being done and was told the facility was geographically separating residents and had different nursing staff caring for the different populations. He stated residents with known exposure to COVID-19 or who had been out of the building for any reason were to be isolated for 14 days, and that residents with known COVID-19 exposure should not be sharing rooms with residents with no known COVID-19 exposure. During an interview with the Administrator on 09/02/20 at 8:00 PM, she stated that the facility did not have a specific policy to address the issue of isolating residents with known exposure to COVID-19 or residents who needed to travel outside of the facility for appointments. The facility presented an acceptable removal plan for the Immediate Jeopardy on 09/03/20 at 6:45 PM that read: Regarding the MDS/IP working in the facility with a positive test for COVID-19: a) As of 09/02/20, the IP coordinator will not return to work until the Work Restriction Criteria has been met according to the corporate policy that coincides with CDC recommendations. Regarding isolation/cohorting of residents to prevent the spread of COVID-19 related to Residents with known exposure to COVID-19: a) Facility-wide testing (09/0/2020) via licensed nurse; for both residents and staff with the remaining supply of the BO Sofia2 (COVID [MEDICATION NAME] test) POC device. 100% of resident will be tested today, excluding the twenty-five existing positive residents on isolation. A total of twelve residents were tested today. Six residents tested negative, and six tested positive. The facility currently has a total of thirty-one positive residents and thirteen negative residents. The facility has fifty-three employees. 100% of the staff will be tested. Twenty-one staff were tested today with eleven tested as positive, and ten tested negative. The remaining staff will be tested within the next two days before the beginning of their shift. b) Residents currently on the designated positive unit will be tested last, and current negative residents will be tested first priority today (09/03/2020) with the current in-house POC device and supplies to ensure appropriate interventions and unit designation. c) Immediate actions will be taken (09/03/2020) for resident/staff resulting in a CoV-2 positive result such as Work Restriction and or appropriate placement of the resident to prevent the transmission of CoV-2 virus. According to CDC guidelines. d) Residents with known positivity based on the last testing results will remain on the designated unit unless the Medical Director request retesting; encouraging to follow CDC guidelines for isolation discontinuation via symptom strategy methodology. e) Residents #6, #7, #8, #9 will be included in the priority of testing today, 09/03/2020, to ensure appropriate placement on the designated units. (late entry, resident #6) tested negative and will be placed in the quarantine unit due to scheduled appointments related to Dx. CA treatments. f) The Medical Director will be consulted today (09/03/2020) for a standing order to perform testing on residents. Regarding positive residents who require quarantine and/or leave the facility for routine or emergent appointments: a) The facility will construct a movable barrier wall today (09/03/220) to implement a quarantine unit between the designated positive &amp; negative units. The quarantine unit will house hospital returns with known negatives or persons under investigation (Put) and residents that frequently have scheduled appointments such as [MEDICAL TREATMENT] and chemo treatments. b) Any resident identified to require scheduled appointments will be appropriately care planned, designated to the unit according to the last test results. Refer to the transport of residents with a known [DIAGNOSES REDACTED]. The care plan will be altered to encompass appropriate steps to be taken for staff awareness. c) Existing policies revised to reflect resident isolation procedures related to COVID 19 exposures while out of the facility and the policy to address isolation procedures related to residents who need to leave the facility for appointments or who previously resided with/have had close contact with residents who have tested positive for COVID 19. 4. CNA #2 was observed working on the facility's COVID-19 Unit on 09/02/20 between 11:40 AM and 1:20 PM. During continuous observations of CNA #2 during this time period, she wore an orange one-piece jumpsuit. The CNA entered and exited residents' rooms to provide personal care and assistance to several different residents on the unit. She did not don (put on) a new gown prior to entering each resident's room to provide care, instead she wore the orange jumpsuit continuously while on the COVID Unit. During an interview with CNA #2 on 09/02/20 at approximately 1:10 PM, she stated she had been provided with the jumpsuit quite a while ago by the facility, and that she had been wearing the suit for several days. She stated she did not don a gown prior to entering individual resident rooms, only wearing the jumpsuit over her regular clothing throughout her shift for extra protection. CNA #2 stated that she did not remove the jumpsuit prior to leaving the facility at the end of her shift, instead she removed the jumpsuit once she returned home on her porch, prior to entering her home. CNA #2 stated she cleansed the jumpsuit with Lysol spray, donned the jumpsuit again the next day before leaving her home for her next shift at the facility. CNA #2 did not remember being educated related to proper use of PPE while working with COVID-19 positive residents in the facility. Review of CNA #2's Employee In-service documentation revealed that she received in-service training related to PPE for COVID-19 Care on 07/13/20. The training documentation did not provide specifics related to the content of the training. During an interview with the MDS Coordinator/IP on 09/02/20 at approximately 1:50 PM, she stated CNA #2 should wear a separate gown each time she entered a different resident's room, and that she should not wear the orange jumpsuit in and out of resident rooms all day and then home from the facility at the end of her shift. During an interview with the Medical Director on 09/02/20 at 6:15 PM, he stated, All staff should be wearing appropriate PPE, and should take their PPE off before leaving the unit/facility. No one should be wearing PPE home. Review of the facility's COVID-19 Emergency Preparedness Policy Plan dated 03/18/20 revealed, All staff and new hires will receive training in proper hand hygiene and use of PPE, Sanitization of reusable (PPE) according to manufacturer recommendations.</p>		