

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115721	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER SENIOR CARE CENTER - BRUNSWICK		STREET ADDRESS, CITY, STATE, ZIP 2611 WILDWOOD DRIVE BRUNSWICK, GA 31520	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, staff interviews, and review of the facility's policy titled, Transmission Based Precautions to be used with Focused COVID 19 Surveys the facility failed to follow Center for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) recommendations related to infection control/COVID-19. The facility failed to have an effective barrier in place between the COVID positive and the COVID negative units, the facility failed to have signage related to Personal Protective Equipment (PPE) on the entrance doors into the COVID positive unit, and the facility failed to sanitize face shields prior to exiting the COVID positive unit. Findings include: Review of the facility's policy titled, Transmission Based Precautions to be used with Focused COVID 19 Surveys documents that for Transmission Based Precautions that signage is posted in appropriate locations in the facility regarding appropriate use of Personal Protective Equipment (PPE) (outside of resident's room, wing, and/or facility wide. 1. Observation on 8/31/2020 at 10:25 a.m. during the initial tour of the facility revealed that the only barrier between the COVID-19 positive unit and the COVID-19 negative unit was the fire doors which failed to close completely. When staff entered and exited the COVID-19 unit the fire doors were observed to remain partially opened unless manually pulled shut. Multiple observations including observations on: 8/31/2020 at 10:50 a.m., 8/31/2020 at 4:10 p.m., 9/1/2020 at 8:35 a.m., 9/1/2020 at 9:42 a.m., 9/1/2020 at 11:35 a.m., and on 9/1/2020 at 11:43 a.m. revealed that the fire doors, the only barrier to the COVID positive unit, remained partially open (approximately 4-5 inches) between the COVID-19 positive unit and the COVID-19 negative unit. Interview on 8/31/20 at 2:55p.m., the DON confirmed that the fire doors (entrance to the COVID unit) do not close on their own at times, so must be closed manually. 2. Multiple observations on 8/31/2020 at 10:25 a.m., 8/31/2020 at 10:30 a.m., 8/31/2020 at 10:50 a.m., 8/31/2020 at 4:10 p.m., 9/1/2020 at 8:35 a.m., 9/1/2020 at 11:35 a.m., 9/1/2020 at 11:42 a.m., 9/1/2020 at 11:45 a.m., 9/1/2020 at 1:05 p.m., revealed that the fire doors (entrance doors to the COVID positive Unit) did not have any signage of the required PPE needed/required to enter COVID-19 positive unit. Interview on 9/1/2020 at 11:40 a.m. revealed, Infection Control Preventionist DD (ICP DD) confirmed that there was no signage of required PPE on the entrance doors (fire doors) to the COVID-19 positive unit. Interviews and observations revealed that the required signage related to PPE was not on the COVID-19 positive entrance (fire doors) from 8/28/2020 until 9/1/2020. Interview on 9/1/2020 at 11:40 a.m. with ICP DD revealed that she stated, my signs did not get moved. ICP DD stated that the doors that were previously in place as the entrance into the COVID positive unit were taken down last Friday (8/28/2020) when the fire doors were put up as the entrance to the COVID unit last Friday. ICD DD stated that the signage that alerted staff of the PPE that was required in order to enter the COVID unit was not placed on the fire doors and confirmed that there was not any signage on the fire doors which was the entrance way into the COVID unit. Observation on 9/1/2020 9:55 a.m. revealed Staff Coordinator HH put her head inside door of COVID-19 positive unit to speak with a staff without applying the required PPE. Interview on 9/1/2020 at 10:40a.m. Staff Coordinator HH revealed the entrance doors into the COVID-19 positive unit were removed last week and she was not made aware of that change (since there were not any signage regarding the required PPE on the doors). Staff Coordinator HH revealed she messed up when she opened the doors to the COVID unit and spoke to the staff members on the COVID-19 positive unit without applying proper PPE. 3. Interview on 8/31/20 at 12:25 ICP DD reported goggles and face shields can be reused on the COVID-19 unit. ICP DD stated the goggles and face shields are disinfected with purple top wipes, they have to air dry, and they are to be left on the unit and when staff return to the unit (COVID unit) they can put the face shields or goggles back on. Observation on 9/1/2020 at 8:55 a.m. revealed observed LPN EE was observed to leave the COVID-19 positive unit without disinfecting her face shield prior to leaving the COVID-19 positive unit. Continued Observation revealed LPN EE returned to the COVID-19 positive unit wearing her face mask and face shield. Interview with LPN EE, at this time, confirmed she had on the same face mask and face shield that she wore when she exited the COVID-19 positive unit. LPN EE confirmed she walked through the facility wearing the same mask and face shield and that she did not change or sanitize the face shield at any time before or after she exited the COVID-19 positive unit. Interview on 9/1/20 at 10:57 a.m. with Housekeeper II revealed she was trained to don PPE before entering the COVID-19 positive unit. Housekeeper II revealed she never knows how much PPE supplies the facility has, so she takes her face shields home. Further interview revealed that Housekeeper II stated that she does not disinfect the face shields or goggles before exiting the COVID-19 positive Unit because she was never told to do that.</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.