STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115270	A. BUILDING _____ B. WING _____	07/30/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DUNWOODY HEALTH AND REHABILITATION CENTER	5470 MERIDIAN MARK ROAD, BLDG E ATLANTA, GA 30342

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 -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's infection control policies, the facility failed to: 1.) Ensure an effective Infection Prevention Control Program (IPCP) was implemented and maintained that would investigate and identify an infection outbreak to prevent or reduce the spread of COVID-19 to residents and staff. 2.) The facility was unable to provide documentation of ongoing facility-wide surveillance which included data collection, root-cause analysis, interpretation, and dissemination of surveillance information utilizing the tools identified in the facility's policy and procedure. 3.) The facility failed to properly use disinfectant per the manufacturer's guidelines while cleaning isolation rooms during three of three observations. As a result of these failures 94 residents and 47 staff have tested positive for COVID-19. In addition, 14 of 94 COVID-19 positive residents (Resident(R)#1, R#2, R#3, R#4, R#5, R#6, R#7, R#8, R#9, R#10, R#11, R#12, R#13, and R#14) died as a result of COVID-19 as of [DATE]. Findings include: 1. According to the facility's policy titled Outbreak Investigation, revised on February 2018, An outbreak is defined as the occurrence of more cases over the usual or expected (endemic) number of cases of healthcare-associated infections in a given area or among a specific group of people over a particular period of time, usually produced by the same organism. If a condition is rare or has serious health implications, an outbreak may involve only one case. The time period will vary according to the infection .Preliminary Investigation: The Infection Preventionist (IP) (and others as assigned), is designated as the investigation coordinator. He or she will review the medical records of the involved parties and determine that an epidemic exists. The investigation coordinator, director of nursing, administrator, and medical director will confer and prepare a preliminary plan of investigation . Analysis: The data collected in the preliminary investigation are reviewed by the investigators to determine whether a common source of infection, break in technique, etc., can be implicated as the cause of the epidemic. A preliminary report will be prepared . Review of Line Listing of Resident Infections, dated [DATE], revealed R#15 complained of abdominal pain, was positive for hematuria (blood in the urine), and was diagnosed with [REDACTED]. On [DATE], R#15 was admitted to the hospital due to acute kidney injury [MEDICAL CONDITION] (a potentially life-threatening condition caused by the body's response to an infection). A hand-written note revealed, on [DATE] that R#15 was positive for COVID per hospital. Review of Ad Hoc (as necessary or needed) QAPI meeting minutes dated [DATE] and [DATE], revealed three residents (R#15, R#16, and R#17) tested positive for COVID-19. On [DATE], R#16 and R#17 tested positive for COVID-19. The facility did not identify and/or investigate the increased number of COVID-19 infections as an outbreak after two additional residents tested positive for COVID-19 on [DATE]. The Line Listing of Resident Infections dated [DATE] did not include any residents tested positive for COVID-19. However, the facility's Ad Hoc QAPI meeting minutes dated [DATE] indicated one resident (R#18) tested positive for COVID-19. The facility did not identify and/or investigate the increased number of COVID-19 infections as an outbreak after R#18 tested positive for COVID-19 on [DATE]. The Line Listing of Resident Infections dated [DATE] did not include any residents tested positive for COVID-19. However, the facility's Ad Hoc QAPI meeting minutes dated [DATE], [DATE], [DATE], and [DATE], indicated one resident (R#19) tested positive for COVID-19 on [DATE] and five facility staff tested positive for COVID-19. There was no evidence the facility completed a COVID-19 Positive Line Listing for staff. The facility did not identify and/or investigate the increased number of residents and staff COVID-19 infections as an outbreak after an additional resident and five staff members tested positive. The COVID-19 Positive Case Line Listing dated [DATE] indicated 53 residents and 21 facility staff tested positive for COVID-19. However, the Ad Hoc QAPI meeting minutes dated [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE] indicated 75 residents and 50 facility staff tested positive for COVID-19. On [DATE], during the entrance conference, the Administrator was asked to provide a list of residents who tested positive and/or expired as a result of COVID-19. That morning, the Administrator provided an undated and untitled document that included a list of resident names, test dates, test result date (test results not included), hospitalization date, expired (yes/no), and expired date. On [DATE], the facility provided an untitled and undated document that indicated 94 residents tested positive for COVID-19 from [DATE] through [DATE]. Of the 94 residents who tested positive for COVID-19, 19 residents transferred to the hospital, and 11 residents expired, either at the hospital or in the facility. On [DATE], the District Director of Clinical Services (DDCS) provided an undated document titled, (Dunwoody) Expirations, which listed the names of three additional residents who expired because of COVID-19, for a total of 14 resident deaths. a. Review of R#1's Admission Record (commonly referred to as face sheet), indicated R#1 was admitted to the facility on [DATE]. R#1's relevant [DIAGNOSES REDACTED]. The COVID-19 Test Results dated [DATE], revealed R#1 tested negative for COVID-19. On [DATE], R#1 tested positive for COVID-19. R#1's Progress Notes dated [DATE], revealed the facility tested R#1 for COVID-19 due to potential exposure to COVID-19 (no signs and symptoms noted) and placed R#1 on droplet precautions. R#1 expired in the facility on [DATE]. b. Review of R#2's face sheet indicated R#5 admitted to the facility on [DATE]. R#2's relevant [DIAGNOSES REDACTED].#2 tested negative for COVID-19. On [DATE], R#2 tested positive for COVID-19. R#2's Progress Note dated [DATE], revealed R#2 transferred to the hospital due to acute [MEDICAL CONDITION] (ARF) and low blood pressure (BP). R#2 expired at the hospital on [DATE]. c. Review of R#3's face sheet indicated R#3 admitted to the facility on [DATE]. R#3's relevant [DIAGNOSES REDACTED]. The COVID-19 Test Results date [DATE], revealed R#3 tested negative for COVID-19. R#3's Progress Notes dated [DATE], indicated that upon returning from [MEDICAL TREATMENT], R#3 complained of chills, weakness, and unable to move legs. On [DATE], R#3 tested positive for COVID-19. On [DATE], R#3 transferred and admitted to the hospital for COVID-19. An untitled and undated documented revealed R#3 expired (at the hospital) on [DATE]. d. Review of R#4's face sheet indicated R#4 admitted to the facility on [DATE]. R#4's relevant [DIAGNOSES REDACTED]. The COVID-19 Test Results dated [DATE] and [DATE], revealed R#4 tested negative for COVID-19. On [DATE], R#4 tested positive for COVID-19. R#4's Progress Note dated [DATE], revealed R#4 discharged and admitted to the hospital on [DATE] for COVID-19. An untitled and undated facility document indicated R#4 expired (date, time, and location not noted.) e. Review of R#5's face sheet indicated R#5 admitted to the facility on [DATE]. R#5's relevant [DIAGNOSES REDACTED]. The COVID-19 Test Results dated [DATE], revealed R#5 tested negative for COVID-19. On [DATE], R#5 tested positive for COVID-19. R#5 admitted to the hospital on [DATE] with a [DIAGNOSES REDACTED]. Review of progress notes revealed R#5 was admitted to the hospital and expired on [DATE]. f. Review of R#6's face sheet indicated R#6 admitted to the facility on [DATE]. R#6's relevant [DIAGNOSES REDACTED].#6 tested negative for COVID-19 on [DATE]. On [DATE], R#6 tested positive for COVID-19. R#6's Progress Notes, dated [DATE], revealed staff found R#6 unresponsive and without a pulse. On [DATE], the staff initiated CPR, applied an AED (automated external defibrillator), called 911, and transferred R#6 to the hospital where she expired. g. Review of R#7's face Sheet indicated R#7 admitted to the facility on [DATE]. R#7's relevant [DIAGNOSES REDACTED]. The COVID-19 Test Results; dated [DATE] and [DATE], revealed R#7 tested negative for COVID-19. On [DATE], R#7 tested positive for COVID-19. On [DATE], R#7 transferred and admitted to the hospital [MEDICAL CONDITION] and GI bleed, placed on comfort care, and expired at the hospital on [DATE]. h. Review of R#8's face sheet indicated R#8 admitted to the facility on [DATE]. The COVID-Test Results, dated [DATE], revealed R#8

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 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 1) tested negative for COVID-19. On [DATE], R#8 tested positive for COVID-19. R#8's Progress Notes dated [DATE] revealed the staff noted R#8 in respiratory distress, unresponsive, and transferred R#8 to the hospital on [DATE]. On [DATE], R#8 expired at the hospital. i. Review of R# 9's face sheet indicated R#9 admitted to the facility on [DATE]. R#9's relevant [DIAGNOSES REDACTED].#9 tested positive for COVID-19. R#9's Progress Notes, dated [DATE], revealed the staff found R#9 unresponsive, with no BP, and no pulse. The staff initiated CPR, applied an AED, and called 911 (emergency services). When emergency services arrived, the paramedics continued CPR, however, R#9 expired at the facility. j. Review of R#10's face sheet indicated R#10 admitted to the facility on [DATE]. R#10's relevant [DIAGNOSES REDACTED]. According to the COVID-19 Test Results, dated [DATE], revealed R#10 tested negative for COVID-19. On [DATE], R#10 tested positive for COVID-19. On [DATE], R#10 expired at the facility. k. Review of R#11's face sheet indicated R#11 admitted to the facility on [DATE]. R#11's relevant [DIAGNOSES REDACTED].#11 tested negative for COVID-19. The Discharge Tracking Record dated [DATE], showed R#11 expired at the facility on [DATE]. R#11 had a sample taken COVID-19 test on [DATE] and the COVID-19 Test Results, dated as completed on [DATE], revealed R#11 tested positive for COVID-19. l. Review of R#12's face sheet indicated R#12 admitted to the facility on [DATE]. COVID-19 Test Results dated [DATE], [DATE], and [DATE], revealed R#12 tested negative for COVID-19. R#12's Progress Note dated [DATE], revealed R#12 stated, I don't feel good. R#12 complained of weakness, fatigue, and a headache. R#12's temperature - 99.9, pulse -77 bpm, SpO2 (oxygen saturation level) 90% on RA, BP - ,[DATE]. COVID-19 test results completed [DATE] were positive for COVID-19. On [DATE], R#12 expired at the facility. m. Review of R#13's face sheet indicated R#13 admitted to the facility on [DATE]. R#13's relevant [DIAGNOSES REDACTED]. The COVID-19 Test Results dated [DATE] and [DATE] revealed R#13 tested negative for COVID-19. On [DATE] a COVID-19 test results came back positive. On [DATE], R#13 expired. n. Review of R#14's face sheet indicated R#14 admitted to the facility on [DATE]. R#14's relevant [DIAGNOSES REDACTED].#14 tested negative for COVID-19. R#14's Progress Notes dated [DATE], revealed R#14 was lethargic, BP - ,[DATE], pulse 119 bpm, respirations 24, temperature 100.7, oxygen saturation level 84% on RA. On [DATE], R#14 tested positive for COVID-19. R#14 sent to the hospital via emergency medical services on [DATE] where the resident expired. 2. The facility's Infection Control Surveillance policy, revised [DATE], revealed .The Infection Preventionist (IP) conducts surveillance of communicable disease and infections among residents and employees . the IP conducts surveillance of healthcare-associated infections . on the Surveillance Line Listing, and Antibiotic Tracking Tool, Log of Employee Infections, and Infection Surveillance Summary Report. Review of the facility's Tool Kit B - Section II - Managing COVID-19 in your Center, dated [DATE] and effective [DATE], revealed, .Healthcare Facility COVID-19 Contact Tracking Log .These spreadsheets are designed to be used by the center as a tool for organizing information related to exposure to COVID-19 positive persons in healthcare setting. If your state has state specific form required, please use those forms .Step 1: For any resident or employee who is confirmed with COVID-19 place their name on the Positive Case Line Listing and compile the information needed. Suspected cases may be included on this tool if directed by your DDCS or local Health Department .Step 2: When a person is added to the Positive Case Line Listing, complete the Location Tracking Form. One form is used for each confirmed person .When residents or employees are identified as having been exposed to the confirmed COVID-19 person, add them to the Exposed Resident or Exposed Employee Spreadsheet. This spreadsheet includes variables that may be important to understand the risk to healthcare workers and other residents .Step 4A: For each person exposed to a resident who is confirmed with COVID-19, investigate the interaction between the case-resident and the exposed contact. Step 4B: For each person exposed to an employee who is confirmed with COVID-19, investigate the interaction between the case-resident and the exposed contact . Review of the facility's [DATE] Line Listing of Resident Infections, which the IP completes, indicated two respiratory facility acquired infections (FAIs) related to pneumonia (unrelated to COVID-19), one respiratory illness (not considered an infection); and two respiratory community-acquired infections (CAIs) related to pneumonia (unrelated to COVID-19). Also, the hospital notified the facility that one resident (Resident (R) #15), who transferred to the hospital related to acute kidney injury (AKI) [MEDICAL CONDITION] (a potentially life-threatening condition caused by the body's response to an infection) tested positive for COVID-19 on [DATE]. Review of the facility's [DATE] Line Listing of Resident Infections indicated one respiratory FAI related to pneumonia (unrelated to COVID-19). Review of the facility's [DATE] Line Listing of Resident Infections indicated one respiratory FAI and one respiratory CAI related to pneumonia (unrelated to COVID-19). The facility could not locate a COVID-19 Positive Cases Line Listing for the tracking and surveillance of staff. Review of the facility's Infection Control Logbook revealed the IP did not complete a Line Listing of Resident Infections outlining any FAIs and/or CAIs identified in [DATE]. On [DATE], the facility provided a copy of the [DATE] COVID-19 Positive Case Line Listing. Review of the COVID-19 Positive Cases Line Listing revealed 53 residents and 20 facility staff tested positive for COVID-19 in [DATE]. The list did not include the four residents with pending test results. The COVID-19 Positive Case Line Listing included the date the residents were placed on droplet precautions but did not include the resident room number/unit, signs/symptoms, rationale why residents or staff were test, disposition (e.g., discharged , expired, transferred, etc.) or additional follow-up. The information listed under the section titled, Date Symptoms First Started is incomplete and includes dates (for some residents) after the date the resident tested positive for COVID-19. On [DATE] at 5:09 p.m., two attempts to contact and interview the previous IP by telephone were unsuccessful. During an interview on [DATE] at 11:13 a.m., MDS Coordinator TT stated that the facility completed surveillance through frequent Ad Hoc (as needed) QAPI (Quality Assurance Performance Improvement) meetings. MDS Coordinator TT further stated that the Interdisciplinary Team (IDT) discussed all residents and staff that tested positive for COVID-19. During the interview, review of the Ad Hoc QAPI meeting minutes with the MDS Coordinator TT, DDCS, and Administrator revealed the Ad Hoc QAPI meeting minutes included a list of residents and or staff-tested and, at times, those residents who came into contact with a staff member who tested positive for COVID-19. Review of the Ad Hoc QAPI meeting minutes revealed some minutes included names of residents or staff who tested positive that month but not the date, some included the identification and testing of residents who may have been exposed or in-service training. There was no evidence the IP and IDT team reviewed surveillance activities of resident and staff infections, audits of facility practices to determine the potential cause of the increase in COVID-19 infections throughout the facility. The information noted in the Ad Hoc QAPI meeting minutes was not included in the surveillance activities as outlined in the facility policy. There was no tracking, trending, or root cause analysis present. On [DATE] at 11:09, and [DATE] at 8:16 a.m. and 11:28 a.m., a copy of the facility's Infection Control Surveillance Plan, based on the facility's assessment, was requested from the Administrator and DDCS; however, the facility did not provide a copy of their completed Infection Control Surveillance Plan during the survey and/or before the survey exit on [DATE]. During an interview on [DATE] at 8:16 a.m., the DDCS indicated the facility is looking for the surveillance records in the IP office. She acknowledged that the current infection control documentation did not give a full picture of what actions the facility took regarding the increase in COVID-19 infections. She indicated that this was because the facility staff knew what they did and that everything happened so quickly that there was a lack of documentation. During an interview with the Medical Director (MD) on [DATE] at 1:30 p.m., the MD said the facility did a great job at the beginning identifying COVID positive residents and that the facility sent those that tested positive to one of their sister facilities. The MD said the facility conducted several Ad Hoc QAPI meetings to discuss the status of infections within the facility. She did review the QAPI meeting minutes, attended the AD Hoc committee meetings when she was in the facility and through conference calls. She felt the facility did identify/investigate the outbreak and conduct surveillance but did not do a great job documenting what actions they took so that it read like a story and showed what steps the facility took. The MD also stated the facility should follow CDC guidelines when conducting surveillance; unfortunately, this virus follows no guidelines. 3. A review of a facility contractors undated policy titled, Interim Recommendations for Routine and Terminal COVID-19 Isolation Room/Unit Cleaning, identified .to protect the facility from the patient, every effort is made to keep the bacteria in the room and isolated by using the double bag procedure for soiled lines, cleaning rags, and trash along with using an EPA (Environmental Protection Agency) approved solution according to manufacturer specifications. Be sure to follow the manufacturer's recommended dwell time. Review of List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19) last updated on [DATE], . (VirexTM II/256) is an EPA-registered disinfectant for use against [DIAGNOSES REDACTED]-CoV2 (COVID-19). This product kills a harder to kill pathogen than [DIAGNOSES REDACTED]-CoV2 (COVID-19); Emerging [MEDICAL CONDITION] pathogen claim. When using an EPA-Registered disinfectant, follow the labeled direction for safe, effective use. Make sure to follow the contact (dwell) time, when the surface should be visibly wet. The contact time for (VirexTM II/256) is 10 minutes. Observation on the third floor COVID unit [DATE] at 9:20 a.m., revealed Environmental Services (ES) QQ cleaned room [ROOM NUMBER], a semiprivate room in which two residents (R#21 and R#22) resided. ES QQ arrived at the room in an isolation gown, mask, and face shield. ES QQ sanitized her hands, gathered her supplies, and

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 2) entered the room. There was a droplet precaution sign posted on the door to the room. At 9:30 a.m., ES QQ sprayed an approved disinfectant (VirexTM)on the hard surfaces throughout the bathroom and resident's room. At 9:31 a.m., ES QQ started wiping down the hard surfaces and did not allow the disinfectant to remain on the hard surfaces for the appropriate dwell time (10 minutes) to ensure the proper disinfection of the hard surfaces. ES QQ completed cleaning the room at 9:26 a.m. Observation on the fourth floor COVID unit on [DATE] starting at 9:40 a.m., revealed ES RR cleaned a 443A (a private room) for R#23. There was a droplet precaution sign posted on the door to the room. ES RR arrived on the floor dressed in a gown, gloves, mask, and a face shield. ES RR entered the room and began spraying the hard surfaces in the room with a disinfectant solution (VirexTM) and wiping high touch surfaces. ES RR obtained another cloth from the housekeeping cart, sprayed down the bathroom with the disinfectant, and immediately began wiping down the hard surfaces. ES RR did not leave the disinfectant on the hard surfaces for the proper dwell time. ES RR then swept the floor in the room by mopping with a sanitized mopping cloth. ES RR left the room, removed the mopping cloth from the mop, and placed it in a plastic bag hanging on the cart. At 9:50 a.m., ES RR then went back into the resident's room, removed her gloves, and washed her hands with soap and water. Observation on the fourth floor COVID unit on [DATE] at 9:50 a.m., revealed ES RR cleaned room [ROOM NUMBER]A (a private room) for R#24. There was a droplet precaution sign posted on the door to the room. ES RR entered the room in a gown, gloves, mask, and a face shield. ES RR began spraying the hard surfaces in the room with a disinfectant solution (VirexTM) and wiping high touch surfaces. ES RR obtained another cloth from the housekeeping cart, sprayed down the bathroom with the disinfectant, and immediately began wiping down the hard surfaces. ES RR did not leave the disinfectant on the hard surfaces for the proper dwell time. ES RR then swept the room, by mopping with a sanitized mopping cloth. ES RR left the room, removed the mopping cloth from the mop, and placed it in a plastic bag hanging on the cart. At 10:00 a.m., ES RR then went back into the resident's room, removed her gloves, and washed her hands with soap and water. During an interview on [DATE] at 9:36 a.m., ES QQ said the facility uses (VirexTM) to disinfect hard surfaces in the isolation rooms. ES QQ said the disinfectant is supposed to remain on the hard surface for 10 minutes to kill germs effectively. When asked why she did not leave the disinfect on the hard surface for the correct dwell time, she indicated that she thought she did. She said she counts in her mind as she is cleaning the room. She was surprised to learn that she only left the disinfectant in place for one minute before wiping down the hard surface and that cleaning the room only took six minutes. She said that the supervisor provided training on the correct dwell time of the chemicals they use, and depending on the chemical, they staff should allow the disinfectant to sit on the hard surface for five to 10 minutes. During an interview with ES RR on [DATE] at 10:05 a.m., ES RR said the disinfectant should remain on hard surfaces for 10 minutes. When asked why she did not leave the disinfectant on the hard surfaces for the required 10 minutes, the ES RR did not state a reason but acknowledged she received training regarding the ten-minute dwell time. During an interview with the Account Manager for Environmental Services (AMES) on [DATE] at 9:48 a.m., the AMES said that he instructed staff to spray down the bathroom, let the disinfectant air dry while completing other cleaning tasks, and then come back and wipe down the bathroom with a cloth to allow for the required dwell time. Review of the facility's Quality Control Inspection - Housekeeping checklists dated [DATE] through [DATE], the Account Manager for Environmental Services (AEMS) or designee conducted supervised and unsupervised audits. However, there are no indication concerns related to staff not following manufacturer's instructions for the dwell time of chemicals identified. During a second interview [DATE] at 12:45 p.m., the AMES indicated that he had additional Quality Control Inspection - Housekeeping checklists; however, they got wet and were unable to provide copies for review. The AMES also said the environmental services staff uses a five-step cleaning process when cleaning resident rooms. Staff uses (VirexTM) to disinfect all hard surfaces. Staff is required to follow the manufacturer's guidelines for use to disinfect hard surfaces properly. The dwell time for this disinfectant is ten minutes. Dwell time is most important to ensure adequate sanitation to kill [MEDICAL CONDITION]. Staff finds it challenging to wait for the disinfectant to dry. He said that he had advised the staff to spray areas and then go into another area of the room to clean and allow the disinfectant to sit for the proper dwell time so that the chemical is effective. The AMES said that he conducts morning huddles and in-services with staff and that staff complete additional training via online courses. Also, he conducts Quality Control Inspections, some supervised and some unsupervised (look-behind). When he identified concerns, he corrected the staff on the spot. He said the housekeepers are trying to be efficient but know there are more rooms to clean and try to get through the process to get the rooms cleaned.