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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115509 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/19/2020 |
| NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH - ATHENS HERITAGE | | STREET ADDRESS, CITY, STATE, ZIP 960 HAWTHORNE AVENUE ATHENS, GA 30606 | |
| 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 record review, staff interview, review of Centers for Disease Control and Preparedness (CDC) guidelines and review of the following facility documents: Coronavirus (COVID-19) Infection Prevention and Control Practices Policy, COVID-19 Pandemic New Admission and Readmission Process for Healthcare Centers, and Current Resident Infections by Type, the facility failed to have a policy consistent with CDC guidelines and failed to implement the recommended transmission based precautions (TBP) and for one (1) of one (1) residents with symptoms of COVID-19 (Resident #1), and failed to follow facility policy for one (1) of one (1) residents who was a Person Under Investigation (PUI) for COVID-19 (Resident #2). In addition the facility failed to have a policy consistent with CDC guidelines and failed to maintain a newly admitted resident on the recommended TBP for a full 14 days or for one (1) of one (1) newly admitted residents (Resident #2) or to follow the CDC guidelines for discontinuing TBP for one (1) of one (1) residents potentially exposed to COVID-19 (Resident #3). The findings included: 1. Resident #1 was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the facility document entitled, Current Resident Infections by Type, dated 5/1/20 - 6/17/20 revealed, Resident #1 was diagnosed with [REDACTED]. Further review of the facility document entitled, Current Resident Infections by Type dated 5/1/20 - 6/17/20 revealed Resident #1 was not placed on isolation precautions (Transmission Based Precautions). Review of the Progress Notes dated 6/15/20 revealed the following documentation, Resident complains of not feeling well. All vitals are stable and within normal limits. Resident has a cough and a hoarse voice. New order for chest x-ray and to start resident on [MEDICATION NAME] (an [MEDICATION NAME] medication). Chest x-ray came back normal new order for Cefdinir (an antibiotic medication) 300 mg (milligrams) bid (twice a day) for respiratory infection . Review of the progress notes dated 6/16/20 revealed Resident #1 had a productive cough. During an interview with the Infection Preventionist on 6/19/20 at 9:43 a.m., she stated residents were not placed on transmission based precautions solely for coughing. She further indicated the physician would be contacted, the resident would be monitored, and if the resident developed new, or symptoms worsened, the facility would isolate the resident in a private room. During an interview with the Administrator on 6/19/20 at 11:00 a.m., she indicated Resident #1 was not placed on transmission based precautions for a cough on 6/15/20 because she had already tested negative for COVID-19 on 6/8/20. In addition she indicated the antibiotic prescribed on 6/15/20 was to treat a Urinary Tract Infection. Further review of the Medical Record revealed a COVID-19 negative test result dated 6/10/20; however the resident had the documented symptom of a cough after the negative test result on 6/15/20. According to the CDC document entitled, Symptoms of Coronavirus, dated 5/13/20, Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue . Review of the CDC document entitled, Preparing for COVID-19 in Nursing Homes, dated 5/19/20 read, If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions .using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Review of the facility Policy entitled, Coronavirus (COVID-19) Infection Prevention and Control Practices Policy revealed the policy had not been updated since 3/6/20 and was not consistent with the current CDC guidance. During an interview with the Administrator on 6/19/20 at 11:00 a.m., she did not know why the facility policy was not consistent with the CDC guidance but indicated it originated from the facilities Corporate Office. A more recently updated Policy, if available, was requested but not provided during the survey. 2. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. The resident tested negative for COVID-19 prior to admission on 6/5/20. He was admitted to the 600 hall which was one of two Level II (Persons Under Investigation (PIU) Isolation Unit) cohort units in the facility where personal protective equipment including gown, gloves and mask was to be used during patient care according to the facility policy entitled, COVID-19 Pandemic New Admission and Readmission Process for Healthcare Centers, dated 4/10/20. The other unit dedicated to cohort these residents was 100 hall. Review of the Medical Record Census Information for Resident #2 revealed he was transferred from 600 hall (Level II) to 100 hall (Level II) on 6/12/20 and then to 200 hall on the same day. This transfer off the Level II unit occurred 4 days after the resident's admission to the facility. Review of the facility census dated 6/17/20 revealed the resident remained on 200 hall. Review of the Physician Orders and Progress Notes revealed no evidence indicating that Resident #2 was maintained on Transmission Based Precautions after he was transferred from the Level II cohort unit. Review of the facility document entitled, Current Resident Infections by Type, dated 5/1/20 - 6/17/20 revealed, Resident #2 was started on an antibiotic for bilateral pneumonia on 6/15/20. Review of the Progress Notes dated 6/15/20 revealed the following entry, For non-productive cough NP (Nurse Practitioner notified and ordered chest x-ray. Chest x-ray results: bilateral pneumonia. Review of the Physician Orders dated 6/15/19 revealed an order for [REDACTED]. During an interview with the Administrator on 6/19/20 at 11:00 a.m. she indicated that Resident #2 was moved off the cohort unit because they needed to dedicate a hall to a COVID-19 positive residents because one resident in the facility had tested positive for COVID-19 and he had previously tested negative for COVID-19. The Administrator also indicated they were not aware Resident #2 should have been on Transmission Based Precautions while his test results were pending, or for a full 14 days after admission, given his previous (6/5/20) negative COVID-19 test result. Further review of the facility policy entitled, COVID-19 Pandemic New Admission and Readmission Process for Healthcare Centers, dated 4/10/20 revealed the Level II Persons Under Investigation Unit in addition to being for newly admitted and readmitted residents with unknown COVID-19 status, it was for in-house residents with COVID-19 tests pending. This policy also indicated that newly admitted residents could be transferred off this unit for the remainder of their 14 day observation period once they had a negative COVID-14 test result which was inconsistent with the below CDC guidance. Review of the CDC document entitled, Responding to COVID-19 in Nursing Homes dated 4/20/20 revealed, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (Personal Protective Equipment). The PPE recommended was gown, gloves, N95 respirator, or facemask and eye protection. According to the CDC document entitled Symptoms of Coronavirus dated 5/13/20 Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. 3. Resident #3 was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the Progress Note dated 6/11/20 revealed Resident #3 was asymptomatic but potentially exposed to COVID-19 as her roommate, who had also been asymptomatic, tested positive for COVID-19. Resident #3 was transferred to the facilities Level 2 unit on 6/11/20. Review of the Progress Notes dated 6/12/20 revealed Resident #3 tested negative for COVID-19 and remained on contact precautions. Review of the Progress Note dated 6/17/20 revealed Resident #3 tested negative for COVID-19 and would be moved back to her previous room on the 200 hall. This was six (6) days after her exposure to COVID-19. During an interview with the Administrator on 6/19/20 at 11:00 a.m. she indicated Resident #3 had been moved off the Level 2 unit and back to her semi-private room after six days because she remained asymptomatic and tested negative for COVID-19. The Administrator indicated she was not aware of the CDC guidance indicating exposed residents could develop signs and symptoms</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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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>(continued... from page 1)</p> <p>of COVID-19, or test positive, up to 14 days after exposure. Review of the CDC guidance entitled, Responding to Coronavirus (COVID-19) in Nursing Homes dated 4/30/20 revealed Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 (COVID-19) 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). According to the CDC document entitled, Symptoms of Coronavirus dated 5/13/20, Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION].</p> | | |