STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675851	A. BUILDING _____ B. WING _____	**07/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GEORGIA MANOR NURSING HOME	**2611 W 46TH AVE AMARILLO, TX 79110**

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 -** Few	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 5 Residents (Resident #1) observed for infection control. - SA A was observed adjusting the sheets and sitting for Resident #1, who was on droplet precautions, without wearing eye protection. These failures have the potential to affect residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an observation of the facility on 7-16-2020 at 9:50 AM, the facility's supply of PPE was seen. Facility had several boxes of eye protection, boxes of gloves, boxes of gowns, and boxes of masks, both surgical and N-95. During an observation on 7-16-2020 at 11:04 AM, SA A was seen caring for Resident #1. Resident #1 was on droplet precautions. There were signs posted on both sides of Resident #1's door stating he was on droplet precautions. SA A did not have on any eye protection while being inside the room and in close proximity to Resident #1. During an interview with SA A on 7-16-2020 at 11:04, she confirmed that Resident #1 was on droplet precautions. She was then asked why she was not wearing eye protection while near the resident. SA A responded that she forgot her eye protection. She then stated that she had asked for more but was told there wasn't any. During an interview with the DON and ADM on 7-16-2020 at 11:11 AM they were asked about their expectations of staff who were taking care of residents who are on droplet precautions. They were asked what type of PPE should be worn. Both responded that staff should wear masks, gown, gloves, and eye protection. DON confirmed it was her expectation that staff taking care of residents on droplet precautions should wear eye protection. DON and ADM stated that they have a huge supply of PPE (surveyor had previously observed ample supply of PPE), and that SA A had been dishonest. DON and ADM were updated on SA A not wearing eye protection while sitting with Resident #1. DON left the room to provide immediate education to SA A and to provide eye protection to her. Record review of facility provided training titled Wearing of PPE, dated 7-8-2020, reflected in part: All required PPE is required at all times while in the building. Face mask (N95/KN95) are to be worn starting at the main entrance before screening. Gown is to be placed before leaving screening area. No one is to go to Time Clock without appropriate PPE gear. This includes Face Shield/Goggles, Gown and mask. Anyone not complying with requirements will be written up.

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.