

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER NEW HORIZONS LIMESTONE		STREET ADDRESS, CITY, STATE, ZIP 2020 BEVERLY ROAD NE GAINESVILLE, GA 30501	
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	<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 observation, policy reviews, and interviews, the facility staff failed to appropriately use Personal Protective Equipment (PPE), while providing care on a COVID-19 unit. The failure to appropriately wear PPE on a long-term care COVID-19 unit increased the risk of exposure and/or infection for staff, residents, and potentially increased the risk of community spread of the COVID-19 virus. The census was 113. Findings include Review of the facility's policy titled, Infection Prevention-Guidelines for Isolation Precautions, undated revealed, .Applying Standard Precautions for all patients.Droplet-For patient with suspected or confirmed influenza, pneumonia.or other infectious agents that are spread by droplets generated from coughing, sneezing.Mask with eye protection required when working within 6 feet of a patient. An additional undated facility policy titled, .Procedures for COVID-19, revealed, .If the COVID-19 test is performed and it is positive, then.All employees must.Use standard, contact, and droplet precautions with eye protection when caring for residents with undiagnosed respiratory infection. During a tour of the facility's COVID-19 unit on 6/17/20 at 2:10 PM the Unit Manager (UM HH) was observed with a hair restraint, goggles, N95 along with a surgical mask that covered the N95, and gloves. Also observed were several resident rooms in which the doors were closed to the hallway. Each door had a posted sign that revealed, .In addition to Standard/Universal Precautions: Long Term Care Enhanced Droplet.Facial Shield (within 6 feet of patient) . A random observation on 6/17/20 at 2:15 PM, when a Certified Nursing Assistant (CNA II) came out of Resident (#6)'s room. CNA II failed to have a face shield or goggles on. CNA II confirmed she had completed personal care for the resident. CNA II stated she did not wear a face shield since it made her too hot. Immediately after this observation, CNA JJ came out room [ROOM NUMBER]. CNA JJ did not have a face shield or goggles donned (to put on). CNA JJ stated she typically has her googles on and thought they were on her head. The UM HH was present during these observations and interviews. The UM HH stated it was the expectation for caregiving staff to don a gown, N95 and a surgical mask that covered the N95, and to wear either a face shield or goggles when providing care to residents on the COVID-19 unit. An interview was conducted with Licensed Practical Nurse (LPN LL) on 7/17/20 at 2:33 PM and she said that she had seen the two CNAS with googles and a face shield on previously, and was unsure why they did not have them on currently. LPN LL stated the expectation was for caregiving staff to wear googles or a face shield in addition to the gown, N95, surgical mask, and gloves. Immediately after this interview, CNA JJ had her goggles on and said she had previously cleaned them and inadvertently left them at the nursing station. On 7/17/20 at 2:35 PM, CNA II was observed to re-enter the COVID-19 unit, and while walking down the hallway, placed her hair under a hair restraint and attempted to place her face shield on. The top part of the face shield was observed to be shoved under her hair restraint and the bottom part of the face shield stuck out from the lower part of her face, approximately three inches from the bottom of CNA II's chin. CNA II stated her face shield was broken and she would typically request a new face shield from the Infection Control Preventionist (ICP KK) and then walked away. An interview was conducted with the Administrator, Director of Nursing (DON), and ICP KK, on 7/17/20 at 3:01 PM. The Administrator stated the facility provided education for the staff early on regarding donning and doffing (to take off) PPE. The ICP KK stated the expectation for staff on the COVID-19 unit was to wear a N95 face mask, and a surgical mask that covered it. In addition, when staff were providing care to a resident, staff were to wear a face shield or goggles as protection from respiratory droplets. The Administrator stated CNA II should have asked for a new face mask and they could have easily provided it to her.</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.