

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVALON HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>120 SPRING STREET NEWNAN, GA 30263</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure the adequate oversight of the visitor and staff entrance screening process for the month of June. The screening process was intended to prevent persons potentially positive for coronavirus (COVID)-19 from entering the facility and having contact with the residents. The failure had the potential to promote the transmission of COVID-19 to residents who came into contact with individuals who were not properly screened, that could have been COVID positive. Findings include: Review of facility's Daily Symptom Screening Form COVID-19 revealed The Center staff screeners are required to take the person's temperature and verbally ask the screening questions to visitors and associates immediately upon entry to the Center and complete the form. Information gathered on the form included: date and time the visitor/associate entered and exited the facility, name of visitor or associate, exposure to COVID in last 14 days, review of symptoms, and documentation of the facility's screener initials. On 6/22/2020 at approximately 10:20 a.m., the surveyor was given access into the facility by the screener/staff member. The screener instructed the surveyor to utilize the thermometer to take her temperature and answer the questions on the Daily Symptom Screening Form. The screener left the surveyor to complete the screening questionnaire. This was completed without oversight from the staff member. Observation on 6/22/2020 at approximately 10:45 a.m. revealed two [MEDICAL TREATMENT] transportation assistants were granted access by a staff member into the facility. The transportation staff performed their own COVID screening including taking their own temperatures and filling out the forms. The facility provided no oversight of the screening process. Observation of the main entrance door on 6/22/2020 at approximately 1:25 p.m. revealed, a visitor ring the facility doorbell. A staff member allowed the visitor entrance and instructed the individual to perform handwashing. Then the staff member instructed the interviewee to perform the screening process (including temperature check). Continued observation revealed the visitor completed the symptom screening questionnaire and took a temperature without staff oversight. Review of the facility's Daily Symptom Screening Form COVID-19 for June (6/1/2020 thru 6/22/2020), in the presence of the Director of Nursing (DON), revealed the facility utilized a staff screener sporadically. The screening form revealed that multiple visitors and staff performed and documented the COVID screening themselves. The screening form identified a place for the screener's initials; however, majority of the time is was left blank. Interview with a Hospice Certified Nursing Assistant on 6/22/2020 at 1:30 p.m. revealed the facility educated her on signs and symptoms of COVID. Additional, education included how to utilize the daily screening form. She stated the facility staff performed the COVID screening at times. However, there were multiple times in which she had been permitted to self-screen. Phone interview with the Director of Nursing (DON) and Infection Control Nurse on 6/23/2020 at 8:30 a.m. revealed either the DON, Infection Control Nurse or an appointed designee would be responsible for completing the COVID screening assessment. The DON and Infection Control Nurse validated, without consistent oversight of the screening process, the facility would be unable to effectively track possible infection control breaches.</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.