

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF MARIETTA		STREET ADDRESS, CITY, STATE, ZIP 811 KENNESAW AVENUE MARIETTA, GA 30060	
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, interview, record review, review of facility policy and review of facility training records, a Speech Therapist failed to don mandatory personal protective equipment (PPE) in accordance with droplet and contact precautions to prevent the spread of coronavirus (COVID)-19 infection. This had the potential to affect all seven residents on isolation precautions and residents receiving therapy. Findings include: Review of facility policy, Personal Protective Equipment (PPE) Guidance for COVID-19, void of date, disclosed PPE should be utilized during appropriate times to include transmission base precautions for residents in isolation. Appropriate PPE should be utilized at all times for contact and droplet precautions. During initial tour of the facility on 9/24/20 at 10:00 a.m. with the Infection Preventionist (IP) on M hallway, seven doors had plastic storage containers on the outside of the closed doors that contained PPE. There were signs on each of the doorways which read, STOP, Special Droplet/Contact Precautions. In addition to Standard Precautions Only essential personnel should enter this room. If you have questions ask nursing staff. Everyone Must: including visitors, doctors & staff: Clean hands when entering and leaving room, Wear face mask, Wear eye protection (face shield or goggles), Gown and gloves at door. Keep Door Closed. The IP stated during interview on 9/24/2020 at 10:05 a.m. residents residing in these private rooms were on isolation precautions for 14 days post admission and one resident who left the facility to receive [MEDICAL TREATMENT] three times per week also resided in an isolation room. The IP stated all staff must follow the Special Droplet/Contact Precautions upon entering these residents' rooms to prevent the spread of infection. Observation of Resident (R) # 3's door on 9/24/2020 at 10:10 a.m. revealed the door had a plastic storage container with PPE on the outside of closed door with signage confirming the resident was on Special Droplet/Contact Precautions. The surveyor and CNA AA (Certified Nursing Assistant) applied masks, face shields, gowns and gloves, and the CNA proceeded to knock on the R #3's closed door for permission to enter the room. Upon entering the room, a staff person was observed sitting in a chair at the bedside of R #3. The staff person had a mask and goggles on but did not have a gown or gloves on. CNA AA proceeded to ask the resident if anything was needed at the moment and the resident replied No. CNA AA and surveyor promptly exited the room. The IP was standing outside in the hallway and was informed of the staff person in R # 3's room not wearing mandated PPE. The IP immediately called the staff person out of the room and instructed the staff person to don a gown and apply gloves prior to re-entering the resident's room. The staff person then introduced herself as a Speech Therapist (ST) and was in the room to provide speech therapy services to R #3. The ST proceeded to don a gown and gloves prior to re- entering the resident's room. Review of R #3's clinical record revealed the resident was admitted to the facility on [DATE] from an acute care hospital with [DIAGNOSES REDACTED]. An initial care plan was developed on 9/22/2020; the care plan indicated the resident was at risk for COVID-19 with interventions which included residing in an isolation room and educating the resident on handwashing and social distancing. An interview with the Nurse Practitioner (NP) on 9/25/2020 at 10:50 a.m. revealed all newly admitted residents must have a negative COVID-19 test prior to admission to the facility. He/she further stated the newly admitted residents were admitted to private isolation rooms and were observed for signs and symptoms of COVID-19 for 14 days. An interview with the ST on 9/24/2020 at 11:30 a.m. revealed she had been in R #3's room that morning to provide speech therapy services. She said the Stop Special Droplet/Contact Precautions, was visible and she noted the types of PPE required prior to entering the resident's room. The ST said she got distracted and failed to don the gown and gloves prior to entering the resident's room. She further stated the facility had provided training on PPE and stated, It's all my fault. It's on me. Review of SHC(NAME)Competency Summary provided by the facility on 9/25/2020 confirmed the ST had completed Personal Protective Equipment (PPE) Competency on 3/11/2020.</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.