STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115362	A. BUILDING _____ B. WING _____	06/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MACON REHABILITATION AND HEALTHCARE	505 COLISEUM DRIVE MACON, GA 31217

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 -** Immediate jeopardy **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two new admissions and readmitted residents (R#5 and R#6) of seven sampled residents were placed in fourteen day transmission based precautions (TBP) for Covid-19 and that staff used personal protective equipment (PPE) when entering a designated TBP room. This failure had the potential to spread communicable diseases throughout the facility's 74 residents. On June 18, 2020 a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, harm, impairment or death to residents. The facility's Administrator and Director of Nursing (DON) were informed of the immediate jeopardy on June 18, 2020 at 6:45 p.m. The noncompliance related to the immediate jeopardy was identified to have existed on June 12, 2020 and continued through June 18, 2020. An acceptable Immediate Jeopardy Removal Plan was validated on June 19, 2020. The immediate jeopardy is outlined as follows: The immediate jeopardy was related to the facility's noncompliance with the program requirements at 42 C.F.R. 483.80(a) Infection Prevention and Control Program (F880, Scope/Severity: J). The facility failed to ensure two of six new and/or readmitted residents (R#5 and R#6) had two negative Covid-19 tests prior to admission/re-admission and/or were placed in quarantine isolation for 14 days after admission/re-admission to the facility in the past two weeks; and that staff were utilizing the appropriate personal protective equipment (PPE) when entering a room with transmission based isolation precautions posted. This failure to quarantine isolation the new/re-admission residents and use appropriate PPE had the potential to negatively affect all 74 residents and constituted an immediate jeopardy at F880. An Immediate Jeopardy Removal Plan was received on June 19, 2020. Based on observations, record reviews, interviews and review of the facility's policies as outlined in the Removal Plan, it was validated that the corrective plans and the immediacy of the deficient practice was removed on June 19, 2020. The facility remained out of compliance at a lower scope and severity of D while the facility continued management level staff oversight of resident admission/readmission procedures to ensure proper quarantine isolation and use of appropriate PPE. This oversight process included the analysis of facility staffs' conformance with the facility's Policies and Procedures governing the appropriate transmission-based precautions and staff compliance with isolation PPE. Observations verified that the new/readmitted residents were placed in private rooms, droplet/contact isolation signage was in place, and PPE supplies were at each room entrance. Review of revisions to the admission policy showed new and readmitted residents would be placed in quarantine isolation. Interview with facility staff revealed they had received education regarding the need for quarantine isolation for new/readmitted residents and were aware of the required droplet isolation PPE required. Findings include: In an entrance conference on 6/18/20 at 9:30 a.m., the Director of Nursing (DON) stated there were no current Covid-19 positive residents or residents under investigation for the Covid-19 virus. 1. Review of R#5's Admission Record showed an admission date of [DATE] with medical [DIAGNOSES REDACTED]. Upon initial tour of the facility on 6/18/20 at 10:00 a.m., R#5's door did not have any isolation signage or PPE available at doorway. Tour of the same hall on 6/18/20 at 11:55 a.m. showed R#5's door with a Contact Precautions sign and a PPE supply door hanger. Review of R#5's electronic health record (EHR) showed the facility admitted R#5 on Hospice respite on 6/17/20 without a negative COVID test. In an interview on 6/18/20 at 3:43 p.m., the Administrator confirmed R#5 had not had a negative Covid-19 test result prior to admission but was tested the morning of 6/18/20. 2. Review of R#6's Admission Record showed a re-admission date of [DATE] with medical [DIAGNOSES REDACTED]. The facility admitted R#6 on 6/12/20 with a negative COVID test that was five days prior to admission (6/7/20); it was the only negative test after a positive result on 5/31/20. Upon initial tour of the facility on 6/18/20 at 10:00 a.m., R#6's door did not have any isolation signage or PPE available at the room entrance. Tour of the same hall on 6/18/20 at 11:55 a.m. showed a Contact Precautions sign on the door and a PPE supply door hanger. In an interview on 6/18/20 at 11:58 a.m., Licensed Practical Nurse (LPN) CC stated, the PPE and the signs went up about an hour ago and confirmed the signs and PPE hangers had not been there previously. Observation on 6/18/20 at 1:10 p.m. showed Certified Nurse Aide (CNA) AA entering R#6's room (with sign on the door Contact Precautions Everyone must: -Clean hands when entering and leaving room and - Gown and glove at door.) without performing any hand hygiene or putting on gloves. CNA AA removed the lunch tray and placed it in the lunch cart in the hallway. Subsequent observations on 6/18/20 at 1:15 p.m. to 1:23 p.m. showed CNA AA entering four other rooms on the halls without performing hand hygiene between rooms (no other isolation rooms). In an interview on 6/18/20 at 1:10 p.m. regarding the precautions sign and not using PPE, CNA AA stated, I think she is going to come off isolation because I was going to move her today. In an interview on 6/18/20 at 1:33 p.m., the DON expressed an expectation that hand hygiene (clarified to mean hand washing or hand sanitizer) must be completed between patients. In regard to CNA AA not using PPE, the DON confirmed that she would expect staff to use PPE if the resident is in true isolation. Most of our residents are in social isolation and they just stay in their room. When asked about the TBP signage, the DON stated it was there because the surveyor was in the building. In an interview on 6/18/20 at 1:45 p.m., the Administrator verified the facility admission/re-admission directive from regional clinical management dated 4/8/20 You are able to admit residents and take hospital returns who have been screened. admitted residents and hospital returns should be placed in social isolation for 14 days. During the social isolation timeframe, you should continue with screening and observing the resident. You will follow standard universal precautions. All patients new to facility are treated as positive patients unless they have an accompanying negative lab test for COVID-19. Continued interview on 6/18/20 at 1:45 p.m., the Administrator verified the following facility Covid-19 information, updated 6/3/20, which stated, . 3. For hospital returns: a. Resident is to be placed in a room by themselves. Staff should then check their temperature every 4 hours x 14 days. b. Staff should utilize droplet precautions and practice heightened hand washing precautions. c. Resident will remain in infection precaution room for at least 14 days. On day 14 if resident has been free from further fever and has shown no other symptoms of respiratory illness then they can be moved to a regular room . 4. For new admissions: a. Resident to be placed in a room by themselves. Staff should then check their temperature every 4 hours x 14 days. b. Staff should utilize droplet precautions and practice heightened hand washing precautions. c. Resident will remain in infection precaution room for at least 14 days. On day 14 if resident has been free from further fever and has shown no other symptoms of respiratory illness then they can be moved to a regular room . ***Remember these patients are not on isolation, however we want them to remain in their room area so that contact with other patients is avoided .

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.