STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115304	A. BUILDING _____ B. WING _____	09/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PRUITTHEALTH - LAFAYETTE	205 ROADRUNNER BOULEVARD LAFAYETTE, GA 30728

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews, and review of the facility's policies, the facility failed to ensure thirteen residents who tested negative for COVID-19 (R#3, R#6, R#9, R#13, R#14, R#18, R#19, R#21, R#22, R#24, R#27, R#29 and R#30) were housed in rooms separate from the sixteen resident roommates who tested positive for COVID-19. This failure placed those residents at risk for exposure to COVID-19. Findings include: Review of the facility's policy titled, Coronavirus (COVID-19) Infection Prevention and Control Practices Policy, revised [DATE] revealed It is the policy of the PruittHealth organization to initiate the appropriate measures to protect our patients/residents, partners and families from risks associated with the Coronavirus (COVID-19) through mitigation and education tools, utilizing resources as provided by the Department of Public Health and the Centers for Disease Control .I. Communication. 1. All partners, family members, patients, and visitors will receive guidance for infection control practices on prevention and monitoring .V. Coronavirus (COVID-19) has been identified in a HCC (Healthcare Center) or ALF (Assisted Living Facility) location: Once COVID-19 has been identified, outbreak prevention and control measures are to be implemented immediately. The location will also follow the directions from the DPH (Department of Public Health). Implement contact and droplet precautions for all patients/residents with suspected or confirmed flu-like symptoms and for suspected or confirmed COVID-19 .VI. During the care of any HCC or ALF patient/resident with known or suspected COVID-19, healthcare personnel should do the following: If a private room is not available, such as in a pandemic situation, place (cohort) suspected COVID-19 patients/residents with other patients/residents suspected of having COVID-19. Cohort confirmed COVID-19 patients/residents with other patients/residents confirmed to have the same type of COVID-19 virus. In the case of a pandemic, the CDC and/or the DPH will advise whether additional measures are warranted . Review of the facility policy titled, COVID-19 Pandemic New Admission and Readmission process for Healthcare Centers, revised [DATE], revealed .Procedure: Healthcare centers designated to admit COVID-19 positive residents will follow procedures for Level 1. Healthcare centers who are not designated as Level 1 will follow Level II and III procedures. I. Level I Positive COVID-19 Isolation Unit: COVID-19 Positive/Presumptive Positive Resident .1. Healthcare centers approved to admit residents who are presumptive or confirmed COVID-19 positive residents will have a designated unit .5. The Level I Unit will maintain consistent, designated staffing to the extent possible during the COVID-19 pandemic response. Partners will need to self-monitor and report any signs and symptoms of COVID-19 immediately to the supervisor. 6. Designated staff will include: RN (Registered Nurse) and/or LPN (Licensed Practical Nurse), CNA (Certified Nurse Aide), Housekeeper, Therapist .Monitoring .2. Residents will transfer to the Level II Unit when: Asymptomatic Resident: Resident has completed 10 days on the unit. Symptomatic Resident: Resident has completed 10 days on the unit, and Resolution of fever without the use of fever-reducing medications for 24 hours, and Improvement in symptoms .II. Level II Person Under Investigation (PUI) Isolation Unit. Residents in-house with COVID-19 tests pending .2. Residents will remain on Level II unit: Resident has completed at least 10 days on the unit, and if the resident begins to exhibit a fever (99 degrees or above) or shows any signs or symptoms of respiratory illness .3. If the resident does not exhibit symptoms within 10 days of moving to Level II, then the resident will be moved to the Level III: Recover First Unit or Level III: Care First Unit. III. Level III Care Unit: Residents in-house for short-term rehabilitation or long-term care who have tested negative on baseline or meets criteria following their guidelines established in Level II for transfer to Level III .IV. Recovered Resident. The Resident on Level I unit that has been on the unit for 10 days and are asymptomatic will be moved to Level II Unit. If the resident remains asymptomatic for the 10 days on the Level II unit, the resident will be transferred to Level III unit .Residents that have completed time-based or symptom-based strategy will be considered recovered or negative for reporting purposes and to identify those individuals who will not be retested during with COVID-19, they will be re-evaluated for additional testing or isolation/quarantine . 1.Review of R#30's and R#31's undated Census Records, revealed on [DATE] both residents resided on Unit C, in the same room. Continued review of the census records revealed R#31 remained on Unit C, in the same room as R#30 until he expired on [DATE]. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#30 and R#31 resided in on Unit C was a two bed, semi-private room. Review of R#31's undated, Resident Face Sheet, located in the residents electronic medical record (EMR), revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the undated .Laboratory Correspondence Only document provided by the facility revealed R#31's COVID-19 test result on [DATE] was pos (positive). Review of R#30's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the undated .Laboratory Correspondence Only document provided by the facility revealed R#30's COVID-19 test result on [DATE] was bad sample (test result could not determine if the resident was positive or negative for COVID) retested [DATE]. Review the undated facility provided .Laboratory Correspondence Only document revealed R#30's COVID-19 test result on [DATE] was neg (negative). Continued review of the laboratory correspondence revealed R#30's COVID-19 test result on [DATE] was positive. Review of R#30's Resident Progress Notes, dated [DATE] revealed Resident passed away . Review of the Death Certificate for R#30, supplied by the facility during Quality Assurance review, revealed the resident expired on [DATE] with a cause of death [MEDICAL CONDITION] and end stage dementia. 2. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#12 tested positive for COVID-19, R#13 and R#14 remained in the same room on Unit A with R#12. Both R#13 and R#14 later tested positive for COVID-19. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#12, R#13, and R#14 resided in on Unit A was a three-bed ward. Review of R#12's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of #12's Resident Progress Notes, dated [DATE] revealed COVID 19 test done [DATE], results received, test results are positive. Review of R#13's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of R#13's Resident Progress Notes, dated [DATE] revealed COVID 19 test done [DATE], results received, test result are negative. Continued review of the resident's progress notes dated [DATE] revealed .COVID rapid test with positive results . Review of R#14's undated, Resident Face Sheet, revealed the resident was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of R#14's Resident Progress Notes, dated [DATE] revealed COVID 19 test done ,[DATE], results received, test result are negative. Continued review of the resident's progress notes dated [DATE] revealed COVID-19 test [DATE] with positive results . 3. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#15 and R#16 tested positive for COVID-19, R#10 remained in the same room on Unit A with R#15 and R#16. R#10 later tested positive for COVID-19. Review of R#15's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of #15's Resident Progress Notes, dated [DATE] revealed COVID-19 test done [DATE], results received, test results are positive .Isolation precautions in place r/t (related to) (+) (positive) Covid (sic)-19 results . Review of R#16's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].#16's Resident Progress Notes, dated [DATE] revealed COVID-19 test done [DATE], results received, test results are positive.

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.

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F 0880

Level of harm - Immediate jeopardy

Residents Affected - Some

(continued... from page 1)

Review of R#10's undated, Resident Face Sheet, provided by the facility revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].#10's Resident Progress Notes, dated [DATE] revealed COVID-19 test done [DATE], results received, test result are negative. Continued review of the resident's progress notes dated [DATE] revealed COVID-19 test [DATE] with positive results . 4. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#17 tested positive for COVID-19, R#18 and R#19 remained in the same room on Unit A with R#17. R#18 and R#19 later tested positive for COVID-19. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#17, R#18, and R#19 resided in on Unit A was a three-bed ward. Review of R#17's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of #17's Resident Progress Notes, dated [DATE] revealed Covid (sic) 19 test from [DATE] results positive . Review of R#18's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of R#18's Resident Progress Notes, dated [DATE] revealed COVID-19 test done [DATE], results
received, test result are negative. Continued review of the resident's progress notes dated [DATE] revealed COVID-19 test [DATE] with positive results . Review of R#19s undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED].Laboratory Correspondence Only document revealed R#19's
COVID-19 test result on [DATE] was Neg (negative). Continued review of the document revealed R#19's COVID-19 test result on [DATE] was positive. 5. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#20 tested positive for COVID-19 on [DATE], R#21 and R#22 remained in the same room on Unit A with the R#20. Both residents R#21 and R#22 later tested positive for COVID-19 on [DATE]. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#20, R#21, and R#22 resided in on Unit A was a three-bed ward. Review of R#20's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].Laboratory Correspondence Only document revealed R#20's COVID-19 test result on [DATE] was pos (positive). Review of R#21's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence Only document revealed R#21's
COVID-19 test result on [DATE] was neg (negative). Continued review of the document revealed R#21's COVID-19 test result on [DATE] was positive. Review of R#22's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence
Only document revealed R#22's COVID-19 test result on [DATE] was neg (negative). Continued review of the document revealed R#22's COVID-19 test result on [DATE] was positive. 6. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#23 tested positive for COVID-19 on [DATE], R#3 and R#24 remained in the same room on Unit A with R#23. Both residents R#3 and R#24 later tested positive for COVID-19 on [DATE]. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#23, R#3, and R#24 resided in on Unit A was a three-bed ward. Review of R#23's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence Only document revealed R#23's COVID-19 test result on [DATE] was pos (positive). Review of R#3's undated, Resident Face Sheet, revealed
the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence Only document revealed R#3's COVID-19 test result on [DATE] was neg (negative). Continued review of the document revealed R#3's COVID-19 test result on [DATE] was positive. Review of R#24's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence Only document revealed R#24's COVID-19 test result on [DATE] was neg (negative). Continued review of the document revealed R#24's COVID-19 test result on [DATE] was positive. 7. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#25 and R#26 tested positive for COVID-19 on [DATE], R#27 remained in the same room on Unit A with R#25 and R#26. R#27 later tested positive for COVID-19 on [DATE]. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#25, R#26, and R#27 resided in on Unit B was a three-bed ward. Review of R#25's undated, Resident Face Sheet, provided by the facility revealed the resident was admitted to the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence Only document revealed R#25's COVID-19 test result on [DATE] was positive. Review of R#26's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. Review the undated facility provided .Laboratory Correspondence
Only document revealed R#26's COVID-19 test result on [DATE] was positive. Review of R#27's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#27's COVID-19 test result on [DATE] was neg (negative). Review of the undated document/form titled, COVID-19 POC Testing Log, revealed R#27 tested positive for COVID-19 on [DATE]. 8. Review of the facility's unnamed, handwritten document provided by the Administrator on [DATE], revealed after R#28's COVID positive test results on [DATE] and R#2's COVID positive test results on [DATE], R#29 remained in the same room with R#28 and R#2. R#29 later tested positive for COVID-19 on [DATE]. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#28, R#2, and R#29 resided in on Unit B was a three-bed ward. Review of R#28's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#28's COVID-19 test result on [DATE] was
positive. Review of R#2's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#2's COVID-19 test result on
[DATE] was positive. Review of R#29's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Review the undated .Laboratory Correspondence Only document revealed R#29's COVID-19 test
result on [DATE] was neg (negative). Review of the undated document/form titled, COVID-19 POC (Point of Care) Testing Log, revealed R#29 tested positive for COVID-19 on [DATE]. 9. Review of the facility document titled, Resident Bed List Report, dated [DATE] revealed the room which R#4, R#5, and R#6 resided in on Unit B was a three-bed ward. R#6 still resided in the same room with R#4's and R#5's, even though R#6 was still considered a confirmed negative resident. Review of R#4's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#4's COVID-19
test result on [DATE] was positive. Review of R#5's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Review the undated .Laboratory Correspondence Only document revealed R#5's COVID-19 test result on [DATE] was positive. Review of R#6's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#6's COVID-19 test result on [DATE] was neg (negative). Review of R#6's Resident Progress Notes, dated [DATE] revealed COVID-19 testing [DATE] with negative results .The progress notes indicated the resident had remained in the same room with two residents after both the residents had tested positive for COVID-19. 10. Review of the facility's document titled, Resident Bed List Report, dated [DATE] revealed R#7, R#8, and R#9 all three residents currently resided on Unit A in the same room even though R#7 and R#8 were confirmed positive for COVID-19 and R#9 was still a confirmed negative for COVID-19. Review of R#7's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#7's COVID-19 test result on [DATE] was pos (positive). Review of R#8's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#8's COVID-19 test result on [DATE] was pos(positive). Review of R#9's undated, Resident Face Sheet, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review the undated .Laboratory Correspondence Only document revealed R#9's COVID-19 test result on [DATE] was neg (negative). Review of R#9's Resident Progress Notes, dated [DATE] revealed COVID-19 testing [DATE] with negative results .The progress notes indicated the resident had remained in the same room after testing negative for COVID-19 with two residents that had tested positive for COVID-19. Interview on [DATE] at 4:20 p.m. with the Administrator revealed many of the residents who had tested negative were in a room with a resident who tested positive, so they (facility) considered them exposed. Continued interview with the Administrator revealed ideally, they would like to cohort the residents as described in the policy, but there were other considerations such as male or female and shared bathrooms. Interview on [DATE] at 11:10 a.m. with an Infection Preventionist with the Georgia Department of Public Health revealed the facility's process was not appropriate, and residents should have been cohorted per the facility's written policy. Continued interview revealed the Georgia Department of Public Health was not aware the facility's current cohorting practices. In an interview

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) on [DATE] at 3:47 p.m. the Administrator stated the week of [DATE], the facility started testing 100% of their residents; however, the test results did not come back until [DATE], with approximately 26 resident positives. The facility continued to test weekly and as positive results came back, they had to shelter in place. When asked what he meant by that, the Administrator stated shelter in place meant if two of three residents who were in the same room results came back positive, the third resident who tested negative would just stay in the room with the positives because they had been exposed. The Administrator stated they did the best they could with the situation. When asked if the facility had reached out to the Department of Public Health or the State Survey Agency, he stated he did not because they thought they were doing the best action plan. Interview on [DATE] at 10:57 a.m. with the Medical Director revealed it was her expectation the facility would have cohorted COVID-19 positive residents together. The Medical Director stated residents who were confirmed negative for COVID-19 had been exposed to positive residents should have been quarantined from the COVID-19 positive residents with other exposed, but negative residents. The Medical Director also stated she was not aware the facility was not cohorting residents appropriately and it would have been her expectation the she and/or the residents' attending Physician would have been notified the facility was not cohorting residents appropriately. The Medical Director further stated leaving the confirmed negative residents in the same room with the confirmed positive residents increased the negative residents' chances of contracting COVID-19. Interview on [DATE] at 1:07 p.m. with the Director of Health Services (DHS) revealed she did not think the facility could have done much different. The DHS stated when a group of approximately 30 residents all tested positive the Administrator and the facility's Corporate Leadership made the decision to shelter in place. She stated that meant if a resident was already rooming with a resident who tested positive for COVID-19 the negative resident would just stay in the room with the positives. The DHS stated the Administrator was the person who was ultimately responsible for deciding what residents were moved or cohorted. The DHS said the way the facility looked at it was, even though some of the residents did test negative, they were already exposed to COVID-19 due to being in the same room with the positive residents for five or six days and the facility presumed the negative residents would test positive the facility's next round of testing because of their exposures.