

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115520</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SEARS MANOR NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3311 LEE STREET BRUNSWICK, GA 31521</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews and review of the facility's established policy, the facility staff failed to wash their hands between deliveries of laundry to resident's rooms on one (1) of two (2) wings. In addition, facility staff failed to seat six (6) of six (6) residents six (6) feet apart (Social Distancing) during activities which increased the risk for the spread of infection. The findings include: During observations on 5/11/20 at 10:15 a.m., the following concerns were identified: six (6) residents participating in Bingo were observed sitting at tables next to each other and across from each other. They were not seated six (6) feet apart. The activities staff member was also seated at a table with two other residents in close proximity and was not social distancing. At the entrance of the facility, in a small room with a television there were four (4) residents observed seated in close proximity of each other, and not six feet apart. There was no staff in attendance. The Director of Nursing (DON) and the Administrator both observed the residents and stated, They are too close together. We will go in and move them six feet apart. On 5/11/20 at 12:38 p.m. Housekeeping Staff #1 was observed wearing a mask, removing cleaned laundry on hangers from a covered cart in the hall and entering a resident's room. She then opened the closet door, placed the cleaned laundry in the closet and then closed the door. Housekeeping Staff #1 returned to the laundry cart and without washing her hands, removed more clean laundry and entered another resident's room. Housekeeping Staff #1 entered multiple resident rooms on the hall to deliver laundry without washing her hands between rooms. At 12:45 p.m. Housekeeping Staff #1 stated, I'm wearing this mask because of Coronavirus, protection. I was told you should wear gloves when cleaning rooms, and wash your hands. It keeps the germs away, and prevents cross-contamination. I know I should be washing my hands when I go in and out of these rooms, but I don't normally do this job. I'm helping out. At 12:57 p.m., the DON, Administrator and Housekeeping/Laundry Supervisor were queried concerning staff training and monitoring to ensure infection control process were being followed. The Housekeeping/Laundry Supervisor said, Housekeeping Staff #1 is helping out. She does both laundry and housekeeping. She has been trained on both. I have not done any audits in my department because I'm too busy. I'm doing a lot of other things. The DON, stated, She should be washing her hands when going in and out of rooms. Everyone has been trained to do that. Review of the CDC (Centers for Disease Control) guidance provided by the facility titled, Coronavirus Disease (COVID-19), dated 3/19/2020, revealed the following: Policy Statement, This policy has been established to provide appropriate guidelines to protect our residents, families and employees. The policy addresses staff and visitor behavior and responsibilities to prevent the transmission of COVID-19. Guidelines from Department of Public Health, to prevent the spread of respiratory germs, Viruses: g. Employees are educated and reminded to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE). h. Our facility will maintain alcohol-based hand sanitizer in common areas, including hallways. Encourage staff, residents and visitors to use the hand sanitizer frequently. m. Perform hand hygiene upon entering and exiting the resident's room.</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.