

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINE MEADOWS HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>700 NUCKOLLS ROAD BOLIVAR, TN 38008</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the Center for Disease Control (CDC) and Prevention guidelines, facility policy review, observation, and interview, the facility failed to prevent the risk of transmission of COVID-19 (Coronavirus) for 3 of 26 sampled residents (Resident #1, #3, and #6) in isolation, which had the potential to result in transmission of [MEDICAL CONDITION] to these 6 residents. The findings include: Review of the CDC guidelines titled, .Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, showed that, given the congregate nature and resident population served (for example, older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, and a strong infection control program is critical to protect both residents and healthcare personnel. Review of the CDC guidelines titled, .Responding to Coronavirus (COVID-19) in Nursing Homes, updated April 30, 2020, showed that a resident with new-onset suspected or confirmed COVID-19 should be isolated and cared for using all recommended COVID-19 PPE. The resident should be placed in a single room if possible pending results of [DIAGNOSES REDACTED]-CoV-2 testing. Review of the facility's policy titled, Isolation - Categories of Transmission-Based Precautions, revised 7/12/2020, documented, .In addition to Standard Precautions, implement Airborne Precautions for anyone who is documented or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small particles of evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents within a room or over a long distance) .Examples of infections requiring Airborne Precautions include .[MEDICAL CONDITION] (COVID-19). Resident Placement .If isolation is necessary, place the individual in a private room (a room with no one else in it) . 1. Review of the medical record, showed Resident #1 had [DIAGNOSES REDACTED]. Resident #1 had been asymptomatic for signs and symptoms of COVID-19. Review of the medical record, showed Resident #2 had [DIAGNOSES REDACTED]. Review of the facility's Respiratory Surveillance Line List and nursing progress notes showed Resident #2 developed symptoms of cough, congestion, and low oxygen saturation on 7/17/2020. Review of the facility's .Midnight Census report, showed the facility had 4 semi-private rooms that were unoccupied on 7/17/2020. The rooms that were unoccupied were Rooms 213, 214, 215, and 216. Review of the final report of the COVID-19 laboratory test for Resident #2, collected on 7/20/2020, showed the COVID-19 virus was not detected. Review of the final report of the COVID-19 laboratory test for Resident #2, collected on 7/27/2020, showed a positive result for COVID-19. This report was received on 7/29/2020, and Resident #2 was moved to a private isolation room on the COVID Unit on 7/30/2020. Observation in the residents' room on 7/28/2020 at 9:50 AM, showed Resident #1 and #2 resided together in the room. The facility failed to follow CDC guidelines for isolating a symptomatic resident in a single isolation room. During a phone interview conducted on 8/3/2020 at 10:47 AM, the Director of Nursing (DON) confirmed Resident #1 and #2 were left in the room together despite Resident #1 being asymptomatic and Resident #2 being symptomatic. 2. Review of the medical record, showed Resident #3 had [DIAGNOSES REDACTED]. Resident #3 had been asymptomatic for signs and symptoms of COVID-19. Review of the medical record, showed Resident #4 had [DIAGNOSES REDACTED]. Review of the facility's Respiratory Surveillance Line List and nursing progress notes showed Resident #4 developed symptoms of diarrhea on 7/28/2020. Review of the facility's .Midnight Census report, showed the facility had 7 semi-private rooms that were unoccupied on 7/28/2020. The rooms that were unoccupied were Rooms 110, 213, 214, 311, 312, 313, and 314. Observation in the residents' room on 7/28/2020 at 9:52 AM, showed Resident #3 and 4 resided together in the room. The facility failed to follow CDC guidelines for isolating a symptomatic resident in a single isolation room. Review of the final report of the COVID-19 laboratory test for Resident #4, collected on 7/27/2020, documented a positive result for COVID-19. This report was received on 7/29/2020, and Resident #4 was moved to an isolation room on the Covid Unit on 7/30/2020. Review of the final report of the COVID-19 laboratory test for Resident #3, collected on 7/27/2020, documented a positive result for COVID-19. This report was received on 7/29/2020, and Resident #3 was moved to an isolation room on the Covid Unit on 7/30/2020. During a phone interview conducted on 8/3/2020 at 10:48 AM, the Director of Nursing (DON) confirmed Resident #3 and #4 were left in the room together despite Resident #3 being asymptomatic and Resident #4 being symptomatic. 3. Review of the medical record, showed Resident #5 had [DIAGNOSES REDACTED]. Review of the facility's Respiratory Surveillance Line List and nursing progress notes showed Resident #6 developed symptoms of fever and cough on 7/23/2020. Review of the medical record, showed Resident #6 had [DIAGNOSES REDACTED]. Review of the facility's Respiratory Surveillance Line List and nursing progress notes showed Resident #6 developed symptoms of fever and cough on 7/25/2020. The facility did not remove Resident #6 from the room when Resident #5 developed symptoms on 7/23/2020. Review of the facility's .Midnight Census report, showed the facility had 5 semi-private rooms that were unoccupied on 7/23/2020. The rooms that were unoccupied were Rooms 213, 214, 311, 312, and 314. Review of the final report of the COVID-19 laboratory test for Resident #5, collected on 7/23/2020, documented a positive result for COVID-19. This report was received on 7/28/2020, and Resident #6 was moved to an isolation room on the Covid Unit on 7/29/2020. Observation in the residents' room on 7/28/2020 at 9:53 AM, showed Resident #5 and #6 resided together in the room. The facility failed to follow CDC guidelines for isolating a symptomatic resident in a single isolation room. During a phone interview conducted on 8/3/2020 at 10:49 AM, the Director of Nursing (DON) confirmed the facility preferred an asymptomatic resident not be left in the room with a symptomatic resident. The DON was asked if leaving an asymptomatic resident in the room with a symptomatic resident was good infection control practice. The DON stated, Probably not. During a phone interview conducted on 8/3/2020 at 5:04 PM, the Medical Director confirmed that when a resident becomes symptomatic they should be removed from the asymptomatic roommate.</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.