

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF GWINNETT		STREET ADDRESS, CITY, STATE, ZIP 3850 SAFEHAVEN DRIVE LAWRENCEVILLE, GA 30044	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on staff interview, record review, review of staff assignment sheets and the facility policy entitled, Guide to Infection Prevention and Control Coronavirus (COVID-19), the facility failed to follow the established policy to maintain consistent staffing on two (2) of two (2) care units (Non-COVID-19 care unit and COVID-19 care unit). These failures occurred during a COVID-19 pandemic. The findings include: Review of the staff assignment sheets from 6/1/20 through 6/10/20 revealed the following: Certified Nursing Assistant #1 (CNA #1) worked on the COVID-19 care unit eight (8) out of ten (10) days starting on 6/1/20. On 6/2/20 she worked on the Non-COVID-19 care unit during the Evening Shift (3:00 p.m. - 11:00 p.m.) and on the COVID-19 care unit during the Night Shift (11:00 p.m. - 7:00 a.m.). On 6/10/20 CNA #1 was again scheduled to work on the Non-COVID-19 care unit. CNA #2 worked on the COVID-19 care unit six (6) out of ten (10) days and on the Non-COVID-19 care unit four (4) out of ten (10) days. This included switching from the COVID-19 to the Non-COVID-19 care unit starting on 6/5/20. She worked three (3) more days on the Non-COVID-19 care unit. On 6/10/20 was again scheduled to work on the COVID-19 care unit. CNA #3 worked on the COVID-19 care unit seven (7) out of ten (10) days and on the non-COVID-19 care unit three (3) out of ten (10) days. This included switching from the COVID-19 care unit to the non-COVID-19 care unit starting on 6/2/20 and again on 6/7/20. CNA #4 worked on the COVID-19 care unit five (5) out of ten (10) days and on the Non-COVID-19 care unit five (5) out of ten (10) days. This included switching from the COVID-19 starting on 6/5/20 and again on 6/7/20. CNA #5 worked on the Non-COVID-19 care unit six (6) out of eight (8) days and then worked on the COVID-19 care unit starting on 6/9/20 for two (2) consecutive days. CNA #6 worked on the COVID-19 care unit three (3) out of ten (10) days and on the Non-COVID-19 care unit four (4) out of ten (10) days. This included switching from the COVID-19 care unit starting on 6/4/20 and again on 6/9/20. CNA #7 worked on the COVID-19 care unit five (5) out of ten (10) days and on the non-COVID-19 care unit one (1) out of ten (10) days. This included switching from the COVID-19 care unit to the Non-COVID-19 care unit on 6/6/20. Licensed Practical Nurse #1 (LPN #1) worked on the COVID-19 care unit seven (7) out of ten (10) days and on the Non-COVID-19 care unit one (1) out of ten (10) days. This included switching from the COVID-19 care unit to the non-COVID-19 care unit on 6/3/20. LPN #2 worked on the COVID-19 care unit five (5) out of ten (10) days and on the non-COVID-19 care unit two (2) out of ten (10) days. This included switching from the COVID-19 care unit to the Non-COVID-19 care unit on 6/6/20. Allowing staff to work on both units increased the risk for COVID-19 transmission between the units. During a telephone interview with CNA #5 on 6/9/20 at 2:15 p.m., she said when she arrived at work each day she entered through the front door to get screened and clock-in for her shift. She was also able to check the staff assignments at that time, to see if she would be working on the COVID-19 care unit or the Non-COVID-19 care unit. CNA #5 added she had been working on the Non-COVID-19 care unit over the weekend but was working on the COVID-19 care unit on 6/9/20. CNA #5 said that some staff worked on the COVID-19 care unit all the time but she worked on both units. She also said the COVID-19 care unit had a separate entrance she would go to after being screened. Once on the unit the staff working there stayed on the unit for the remainder of their shift and took breaks in the designated break area. Review of the facility policy entitled, Guide to Infection Prevention and Control Coronavirus (COVID-19) and last revised 5/22/20 revealed Assign dedicated HCP (Health Care Providers) to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistant (NA's) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility. During an interview with the Regional Clinical Director (RCD) on 6/9/20 at 11:00 a.m., he stated the intention was to have consistent staff on the COVID-19 care unit. He added that some staff had to be moved from the non-COVID-19 care unit as the number of cases increases and the unit grew larger. The RCD said since some of the Residents with COVID-19 were starting to recover and test negative, they expected to be able to move more residents off the unit and for the unit to start getting smaller. During an interview with the Administrator and RCD on 6/9/20 at 5:30 p.m. the Administrator acknowledged there were occasions when staff had switched from working on the COVID-19 care unit to working on the Non-COVID-19 care unit. He added that although CNA #1 was scheduled to work on the Non-COVID-19 care unit on the Evening Shift on 6/10/20, after working on the Non-COVID-19 care unit on 6/9/20; that had been a clerical error and was corrected so she would be working on the COVID-19 care unit instead. The RCD said that he had been working with the scheduler to ensure consistent staffing on each unit and thought she had been keeping the staffing consistent so had not reviewed the most recent staff assignments.</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.