

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOCIAL CIRCLE NSG &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>671 NORTH CHEROKEE ROAD SOCIAL CIRCLE, GA 30025</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></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and review of the facility policy, the facility failed to properly contain coronavirus (COVID)-19 for four (4) of six (6) sampled residents (Resident (R)#3, R#4, R#5, and R#6) residing on the COVID/Observation Unit. During the observations a Certified Nursing Assistant (CNA) did not clean her hands after removing personal protective equipment (PPE) and prior to putting on a new pair of gloves. Findings include: Review of the facility's policy titled, Infection Prevention and Control Program dated 10/2017 indicated under the heading of Hand Hygiene Protocol: All staff shall wash their hands . between resident contacts .after PPE removal . During the observation on 8/11/2020 at 12:15 p.m. on the COVID/Observation unit, CNA AA exited the shared room of R#3 and R#6. Review of the facility documents indicated R#3 and R#6 tested positive for COVID-19 on 7/27/2020. CNA AA removed her gloves, and then the gown. CNA AA retrieved a new pair of gloves and gown from a PPE cabinet. CNA AA put on a gown and then the gloves without first cleaning her hands. CNA AA put on the PPE to go into the shared room of R#4 and R#5. Review of the Administrator's emails on 8/25/2020 and 8/27/2020 indicated R#4 was newly admitted to the facility on [DATE] and placed into the COVID/Observation Unit as a new admission. R#5 had been admitted to the facility on [DATE] and placed into the COVID/Observation Unit at that time. On 7/29/2020, the facility completed routine testing and R#4 tested positive for COVID-19 on this date. R#4 was not exhibiting signs and symptoms of COVID-19 on 7/29/2020 when he/she tested positive. R#5 refused to be tested on [DATE]. Based on R#4 and R#5 being roommates for 14 days on the observation unit, the facility concluded that R#5 would also be positive for COVID-19 and decided to keep them in the same room together as allowed by the Department of Public Health guidelines. R#5 agreed to be tested for COVID-19 on 8/23/2020 and the results were negative. In an interview on 8/11/2020 at 12:25 p.m., the Infection Preventionist Nurse indicated staff needed to disinfect their hands prior to putting on the PPE. In an interview on 8/11/2020 at 12:37 p.m., CNA AA indicated she had been trained to clean her hands after removing all PPE, after taking off dirty gloves, after touching something dirty, before entering a resident's room and after entering the resident's room. Review of CNA AA's in servicing documents indicated CNA AA had completed hand hygiene competency validation on 8/7/2020 and donning and doffing personal protective equipment (PPE) contact Isolation Precautions Skills Competency Checklist on 7/20/2020.</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.