

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115578	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER GREEN ACRES HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 313 ALLEN MEMORIAL DRIVE, SW MILLEDGEVILLE, GA 31061	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review, and staff interview, the facility failed to ensure all employees wore the required personal protective equipment (PPE) and performed hand hygiene when working in one (1) of four (4) sampled rooms for residents on contact precautions (Resident #3). The findings include: Based on observations, record review, and staff interview, the facility failed to ensure all employees wore the required personal protective equipment (PPE) when working in a room of one of four residents (Resident #3) sampled for contact precautions. This failure had the potential to affect 73 of 73 residents in the facility. The findings include: Review of Resident #3's Annual Minimum Data Set (MDS) dated [DATE], revealed he had a [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. The resident was observed in his room in bed and Housekeeper (HK) #4 was observed in the room carrying a tray of dirty dishes with her bare hands. She was not wearing a gown or gloves. Without washing her hands, HK #4 put the tray down in the resident's room, went into the hallway, and obtained a gown from a cart. While putting on the gown, the ties dragged on the floor which she touched to tie the gown. HK #4 went back in Resident #3's room without washing her hands and/or putting on gloves, picked up a towel and clothes off the floor. The DON prompted her to leave the clothes and the food tray in the room and leave the room. HK #4 removed the gown, left the room and walked down the hall without performing hand hygiene. The Director of Nursing (DON) was present at the time of the observation and instructed HK #4 to put on a gown and gloves. The DON stated the employee should have had on a gown and gloves. Review of the facility's undated Pandemic Response Plan revealed that staff would be educated on PPE and hand hygiene. Review of the facility's in-service records revealed education on PPE and hand hygiene had been provided to the staff.</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.