

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER ANDERSON MILL HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2130 ANDERSON MILL RD AUSTELL, GA 30106	
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 0885 Level of harm - Potential for minimal harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide updates to residents, their representatives and families by five p.m. the following day and/or cumulative updates on a weekly basis after five staff tested positive for coronavirus (COVID)-19. This had the potential to affect all residents, representatives and families. Findings include: Interview with the Director of Nursing (DON) on 6/23/2020 at 9:00 a.m. revealed the facility had completed testing on all their staff beginning on 6/5/2020. She further stated five staff tested positive for COVID-19 but displayed no symptoms. Review of Staff #1's Laboratory Report revealed she was tested on [DATE] and on 6/11/2020 it was reported she had a positive COVID-19 test. Review of Staff #2, #3, and #4's Laboratory Reports revealed they were tested on [DATE] and on 6/12/2020 it was reported they had all positive COVID-19 tests. Review of Staff #5's Laboratory Report revealed she was tested on [DATE] and on 6/19/2020 it was reported she had a positive COVID-19 test. Further interview with the DON on 6/23/2020 at 9:30 a.m. revealed the facility posted on their website updates to the COVID-19 status in the facility along with what the facility was doing to prevent further occurrences. She further stated the facility had not updated their website to include the facility had five staff members that had tested positive for COVID-19. Interview with the Administrator on 6/23/2020 at 1:15 p.m. revealed the Human Resource Manager (HRM) was supposed to update the website regarding the number of staff testing positive for COVID-19, but she was unaware of that until today. Interview with the HRM on 6/24/2020 at 8:53 a.m. revealed the DON would notify her of any staff testing positive for COVID-19 and then she would notify the HR Area Manager who would update the website. She further stated the HR Area Manager was on vacation, so the website was not updated until yesterday. The Administrator on 6/23/2020 at 10:00 a.m. revealed in an interview the facility did not have a policy for updating the residents, their representatives and families regarding COVID-19 status in the facility but provided a hand-written documentation of the process. Review of the written documentation revealed, cases were reported to the Regional Nurse and the Area Human Resource Manager by the facility for input into the emergency tracking system. Numbers were pulled from the emergency tracking system and posted to the website. The facility failed to update the residents, families and their representatives regarding the COVID-19 status in a timely manner. The website was updated on 6/23/2020; positive test results for staff were noted between 6/11/2020 - 6/19/2020.		

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.