

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER NURSE CARE OF BUCKHEAD		STREET ADDRESS, CITY, STATE, ZIP 2920 PHARR COURT SOUTH NW ATLANTA, GA 30305	
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 observation, interview and review of the facility's Pandemic Event Emergency Procedure- Training document, the facility failed to ensure social distancing was practiced for six (6) of six (6) un-sampled residents during meal service, and seven (7) of 12 residents during supervised smoking. In addition, the facility failed to ensure hand hygiene was performed during laundry delivery on one (1) of five (5) floors. These practices increased the risk for the spread of infection in a facility that was located in an area with community transmission of COVID-19. The total census was 193. The findings include: On 4/7/20 at 1:35 p.m., during an observation of meal service on the third floor, six residents were observed in the dining area. The Residents were seated in wheelchairs and placed Two (2) at a table across from each other. The distance between the residents were measured to be five feet apart. Upon inquiry, Registered Nurse (RN) #1 stated residents were seated according to the Centers for Disease Control Guidance for Social Distancing. She further indicated the facility's staff development had indicated two (2) could sit at one (1) table. The Administrator was present during the observation and measured the distance between the residents and said, It's only five (5) feet apart. They aren't far enough apart. Let's move them. On 4/7/20 at 1:58 p.m., during general observation of the fifth floor, Laundry Aide (LA) #1 was observed wearing gloves. LA #1 entered an un-sampled resident's room with clean laundry, opened the closet door, placed the clean laundry inside, and removed empty hangers from the closet and return to the laundry cart. LA #1 completed this task in multiple rooms, wearing the same gloves. She did not wash her hands. Upon inquiry, LA #1 said, I was told to wear a mask and gloves when I deliver the laundry. I have to keep my gloves on because I touch the closet door handles. I don't change my gloves until I get back downstairs. At 2:25 p.m., approximately twelve Residents were observed on the patio of the facility seated next to each other, not six (6) feet apart. Activity Aide #2 told the Resident's they needed to be six (6) feet apart as she prepared to hand out cigarettes. Three (3) of the Residents in wheelchairs moved six (6) feet apart all of the others remained seated next to each other, not six (6) feet apart. Activity Aide #2 without moving Residents who were seated close together, began handing out cigarettes and lighting them. The Administrator observed the Residents seated close together while smoking and began to move the Resident's further apart. The Administrator then said to Activity Aide #2 Let's move them On 4/7/20 at 11:45 a.m., The Administrator, Director of Nursing and the Infection Control Nurse, stated that all of the staff were trained on handwashing and use of personal protective equipment (PPE) and social distancing. Review of the facilities staff training documents for Infection Control-COVID-19 revealed staff training was completed on the use of PPE, Isolation practices, how infections spread and social distancing. Review of documents that were part of the facility's Staff training. A policy titled Pandemic Event Emergency Procedure, revised March 20, 2020 revealed the following: Policy Statement: This facility has taken measures to prepare for a pandemic event. The facility will adhere to recommendations from the Center for Disease Control. Hand Hygiene-method of cleaning one's hand that substantially reduces potential pathogens Emergency Procedure: Hand Hygiene-method of cleaning hands that substantially reduces potential pathogens on the hands. Hand hygiene is considered a primary measure for reducing the risk of transmitting infection in healthcare personnel.</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.