

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115341</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIDGEWOOD MANOR HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1110 BURLEYSON DRIVE DALTON, GA 30720</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 record review, observations, staff interviews and review of the facility's document entitled, Relias Learning Transmission-Based Precautions, the facility failed to ensure staff followed isolation precautions for one (1) of two (2) sampled residents (Resident #1) who was on contact precautions. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's urinalysis (UA) lab results dated 6/8/20, revealed the presence of ESBL (extended spectrum beta lactamase, which are chemicals produced by a certain bacteria.) Review of a June 2020 physician's orders [REDACTED].#1's room had an isolation cart outside the door. There was no signage on the door indicating isolation precautions should be followed, and the door was open. During an interview on 6/10/20 at 10:55 a.m., the Interim Director of Nursing (DON) stated there were currently two (2) residents who required contact isolation. Residents on contact isolation should have signage on the door, and staff are to wear personal protective equipment (PPE) including gown, gloves, and a mask. On 6/10/20 at 11:05 a.m., Certified Nurse's Aide (CNA) #1 was observed in Resident #1's room. She was wearing only a mask with no gown or gloves. She moved some items on the resident's over bed table, received a card from the resident, moved the resident's bed, placed the card on the resident's wall, and moved the bed back to the original position. The Interim DON arrived at the room and noted the CNA not wearing a gown and gloves. She asked the CNA to step out of the room and without removing the mask, the CNA exited the room. The Interim DON instructed the CNA on the use of PPE. The CNA stated, I didn't know I was supposed to put all that on. She was asked to change her mask by the Interim DON on exit to the room. During an interview on 6/10/20 at 12:00 p.m., the infection control nurse stated it was her expectation for staff to wear a gown, gloves, and a mask in rooms with residents who required contact precautions. She stated the Relias documents provided were the policy for transmission based precautions used by the facility. During an interview with CNA #1 on 6/10/20 at 2:25 p.m., she stated she had entered Resident #1's room to respond to the needs of the resident's roommate and, I know I should have gowned up. She stated she has had training on proper use of PPE. A review of the facility document entitled, Relias Learning Transmission-Based Precautions, dated 2017 Section 3: Strategies for Practice Contact Precautions, read, When a resident is on contact precautions, you will be required to put on gloves and a gown upon entering the room.</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.