

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OF SUPPLIER CONDOR HEALTH LAFAYETTE		STREET ADDRESS, CITY, STATE, ZIP 110 BRANDYWINE BOULEVARD FAYETTEVILLE, GA 30214	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and review of the Nursing Home policies titled, Infection Control Guidelines for All Nursing Procedures and COVID-19 policy/plan for facilities, facility staff failed to wash their hands as they went in and out of rooms during meal service on one (1) of seven (7) halls. In addition, the facility failed to adhere to isolation precautions for one presumptive COVID-19 positive resident (Resident A). 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 findings include: On 4/9/20 at 12:30 p.m., two (2) personal protective equipment (PPE) carts were observed outside Resident A's room. Licensed Practical Nurse (LPN) #3 was observed in the room at the bedside, taking the resident's temperature. She was not wearing PPE. Upon inquiry, LPN #3 stated, He had a temperature earlier but his temperature is 98.7(Fahrenheit) now. I just took it. He's presumptive (person under investigation for COVID-19). Those carts are just a precautionary measure. He's not on any type of isolation precaution. On 4/9/20 at 12:59 p.m., during meal observation on the 700 hall, Certified Nursing Assistants (CNA) # 1 and CNA #2 were observed passing meal trays. The CNAs entered multiple resident's rooms, placed trays on bedside tables and adjusted the tables in order to accommodate the residents. The CNAs also, repositioned some of the residents in bed. CNA #1 and CNA #2 did not consistently wash their hands as they went in out of different resident's rooms passing trays. On 4/9/20 at 1:05 p.m., CNA #1 stated, I should have washed my hand CNA #2 stated, I should wear my mask at all times and use hand sanitizer between rooms. On 4/9/20 at 2:11 p.m., the Director of Nursing (DON) stated, LPN #3 works part-time but she has been trained on infection control and isolation precautions. All of the staff have been trained on proper hand washing. Review of the facilities policy titled, Infection Control Guidelines for All Nursing Procedures, (revised August 2012) revealed In most situations, the preferred method of hand hygiene is with and alcohol-based hand rub. If hands aren't visible soiled, use an alcohol-base alcohol base hand rub containing 60-95% [MEDICATION NAME] or [MEDICATION NAME] for the following situations: Before and after direct contact with the residents; after contact with objects in the immediate vicinity of the resident . The policy titled COVID-19 Policy/Plan for Facilities (last updated 4/4/20) indicated the following: Use of Personal Protective Equipment and Isolation Strategies: Any resident who has been tested for COVID 19, is positive for COVID 19 or exhibits fever or one of the following: new onset of cough, sore throat, acute lethargy, malaise, new muscle aches, gastrointestinal distress, loss of smell or taste or other unusual symptoms (Person Under Investigation) will be placed in isolation until such time as it can be determined that they are a) COVID negative and/ free of fever without the use of antipyretic for a minimum of 72 hours AND resolution of other symptoms for no less than 72 hours AND no less than 7 days since the onset of symptoms or has tested negative for COVID 19 two times at least 24 hours apart or the determination has been made that testing is not appropriate per the physician and the 7 days or greater have elapsed since the onset of symptoms AND temperature has been within normal limits for at least 72 hours without the use of an antipyretic AND other symptoms have resolved or dramatically improved for at least 72 hours. No resident will be moved out of isolation as long as test results are pending.</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.