

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115728	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER ARCHWAY TRANSITIONAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4373 HOUSTON AVENUE MACON, GA 31206	
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 observation, interview, and review of the facility's COVID-19 Infection Control Policy, the facility failed to ensure the infection prevention program was maintained when one Certified Nursing Assistant (CNA) DD failed to wear a face shield while escorting a Resident (R#1) in the COVID-19 isolation hall (200 Hall). The failure to wear the required Personal Protective Equipment (PPE) increased the risk of exposure and/or infection for staff. The census was 81. Findings include: During a facility tour on 8/6/20 at 10:20 a.m., CNA DD was observed walking in the COVID-19 isolation hall (200 Hall), with a N95 face mask in place, but without the protection of a face shield. CNA DD was escorting R#1, who was wearing a face mask, from the area of room [ROOM NUMBER] through the double doors, where face shields were mandatory, beyond room [ROOM NUMBER]. R#1 was walking behind CNA DD with his right hand on CNA DD's left shoulder. On 8/6/20 at 10:42 a.m., CNA DD was observed outside room [ROOM NUMBER] talking with CNA EE and CNA FF. CNA DD was not wearing a face shield. CNA EE and CNA FF were donning face masks and face shields. An interview with CNA DD on 8/6/20 at 10:42 a.m., indicated the facility required facility staff to don a face mask and face shield while in the facility, except when eating. CNA DD revealed the face shield was left over there, pointing in the direction of the 200 Hall nurses' station. An interview with CNA EE on 8/6/20 at 10:45 a.m., indicated the facility began requiring face shields over face masks about a week before, and staff were required to wear both mask and face shield at all times in the facility. An interview with CNA FF on 8/6/20 at 10:46 a.m. revealed staff were required to wear both face mask and face shield while in the facility. An interview with the Director of Nursing (DON) on 8/6/20 at 10:55 a.m., indicated facility staff were required to wear face shields over masks at all times throughout the facility and that CNA DD should have a face shield on when in the facility. An interview with the Infection Control Nurse on 8/6/20 at 11:50 a.m., indicated the facility implemented a program that required all staff to begin wearing face shields on 7/27/20, and CNA DD should have been wearing a face shield while on the 200 Hall. The facility's COVID-19 Infection Control Policy, most recently revised on 7/24/20, was provided by the Administrator on 8/6/20 at 12:40 p.m. The policy indicated, 'Personal Protective Equipment (PPE). 4. Universal use of face shields or goggles for all HCP (Health Care Providers) should be used per guidance of CDC A review of the Centers for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated, HCP should, Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters On 8/6/20 at 2:31 p.m., the Infection Control Nurse provided a notification she had provided to all employees through an in-service which stated, ATTENTION ALL (facility name deleted) EMPLOYEES: We will start wearing face shields on July 27, 2020. You will have to wear one with your N95 mask. Do not go behind the double doors without your face mask and shield' (sic) You must change it when going from a COVID positive to a negative room. Pass the word on.</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.