

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115616	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH - FRANKLIN		STREET ADDRESS, CITY, STATE, ZIP 360 SOUTH RIVER ROAD FRANKLIN, GA 30217	
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 observation, interview, and policy review, the facility failed to follow Level II infection control policies when providing care on the Level II unit (a unit that had been isolated from other areas of the facility and used for observational purposes for new admission residents, residents going out of the facility for appointments and returning, or residents showing signs or symptoms of possible COVID-19 infection.) This deficient practice placed eight residents with rooms on the Level II unit at higher risk for infection. The facility had a census of 65 residents. Findings include: In an interview on 8/25/20 at 8:15 a.m., the Infection Preventionist (IP), said the Level II unit was for Residents who were newly admitted to the facility, were showing signs or symptoms of COVID-19 infection, or who were going out for treatments (including [MEDICAL TREATMENT].) The Level II unit had a donning and doffing area at the doorway of the unit, as All residents in the unit are assumed to be presumptive positive (for COVID-19.) Review of the signage posted on the entry doorway that led to the Level II COVID-19 unit, which was undated, showed, Before caring for patients with confirmed or suspected COVID-19, health care personnel (HCP) must: . (wear) Face shield or goggles, N95 or higher respirator . One pair of clean non-sterile gloves, isolation gown, . (steps for donning and doffing.) During an observation and interview on the Level II unit on 8/25/20 at 12:20 p.m., Certified Nurse Aide (CNA) EE, was not wearing the proper personal protective equipment (PPE) in the Level II unit as she was passing a meal tray to Resident (R) #7, in room [ROOM NUMBER]B, and used her bare hands to adjust food on the tray and adjust the bed rails. CNA EE wore a torn gown and a surgical mask. At 12:30 p.m. she delivered a meal tray to R#6 in room [ROOM NUMBER]B wearing the same torn gown, which exposed the upper chest area of her scrub top and the right 1/4 length sleeve of the scrub top. She said she did not wear gloves when assisting the residents with meals, and only wore them when she was providing direct care. CNA EE said, I should have changed my gown, but I'm not sure about the gloves. In an interview on 8/25/20 at 12:59 p.m., the Infection Preventionist said, Absolutely she should have changed her gown after she had been touching the surroundings. In an interview on 8/25/20 at 2:18 p.m., the Director of Health Services (DHS) said the expectation was that staff would sanitize between rooms and change their gown, if the gown became contaminated. The DHS stated, At this time there is no one (residents) showing signs and symptoms (of COVID-19.) In an interview on 8/25/20 at 2:51 p.m., the Infection Preventionist said the signage for the Level II unit that had been posted had been sanctioned by the facility, and staff should follow the posted sign, but, the expectation now and the posted PPE notice did not match. Review of the policy, COVID-19 Pandemic New Admissions and Readmission Process for Healthcare Centers, dated 7/29/2020, showed, . II. Level II Person Under Investigation (PUI) Isolation Unit . 2. PPE to follow CDC (Centers for Disease Control) guidelines for droplet precautions to include: Gloves, Gowns . N95 mask in conventional capacity . KN95 mask in contingent or crisis capacity. Note: PPE will be changed between rooms unless in contingent or crisis capacity.</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.