

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH - TOCCOA		STREET ADDRESS, CITY, STATE, ZIP 633 FALLS ROAD TOCCOA, GA 30577	
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 facility policy the facility failed to properly contain coronavirus (COVID)-19 for one of four sampled residents (Resident #4). A Certified Nursing Assistant (CNA) did not ensure Resident (R) #4 wore a mask when the resident was transported down the corridor in a shower chair. Resident #4 resided on the Level II Isolation Unit where newly admitted residents with pending COVID-19 test results resided. Findings include: Review of the facility's Coronavirus (COVID-19) Infection Prevention and Control Practices Policy with the effective date of 3/6/2020 indicated, If patient/resident movement of transport is necessary, have the patient/resident wear a surgical or procedure mask. The policy indicated the facility would accept new admissions based on whether they were accepting those with a positive COVID-19 test which would be designated as Level I and those with awaiting coronavirus test results as Level II. The policy indicated that for residents with Level II admissions, the resident would be placed on the Isolation Unit and were considered Person Under Investigation Isolation Unit. Review of R#4's Admission Minimum Data Set ((MDS) dated [DATE] indicated the resident was cognitively intact. The resident's [DIAGNOSES REDACTED]. The care plan dated 7/16/2020 indicated the resident needed assistance with transfers; the resident had impaired physical mobility. The resident had experienced an activity of daily living decline related to septic shock. A 7/15/2020 Occupational Therapy Evaluation indicated the resident required partial to moderate assistance with upper body dressing. In an interview on 7/16/2020 at 9:00 a.m., the Administrator indicated all residents were encouraged to wear a mask when they were out of their rooms. During an observation on 7/16/2020 at 2:00 p.m., CNA AA transported R#4 down the hall, past the nurses station just outside the one hundred wing (which included the level two isolation wing) in a shower chair to go to the Spa. There were other residents and staff in the hall at the time. The resident was not wearing a mask. The Unit Manager (UM) who was sitting at a computer terminal across from the nurses' station called out to CNA AA indicating she should have had the resident wear a mask. The 100 wing was divided by this corridor to the Spa. The portion of the 100 wing that the resident had come from was behind the nurses' station. CNA AA brought the resident in the shower chair out of the wing around the side of the nurses' station that was in the corridor between the divided 100 wing, then around the front of the nurses' station plus another eight feet down the corridor to the Spa. In an interview on 7/16/2020 at 2:00 p.m. the UM indicated she told CNA AA that the CNA should have put a mask on R#4 before transporting the resident out of the room and through the hall. In an interview on 7/16/2020 at 3:00 p.m., the Director of Nursing (DON) indicated the CNA should have put a mask on R#4 before transporting the resident in the shower chair through the hall. R#4 resided on the Level II Isolation wing. An email received from the Administrator on 7/17/2020 at 10:10 a.m. indicated that the facility had received positive COVID-19 test results on three residents who resided on the Level II Isolation wing. In a follow up email on 7/17/2020 at 10:38 a.m., the Administrator indicated that R#4 was not one of the residents that had tested positive for coronavirus.</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.