

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER OAKS - LIMESTONE, THE		STREET ADDRESS, CITY, STATE, ZIP 2560 FLINTRIDGE ROAD GAINESVILLE, GA 30501	
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 facility policies, the facility failed to provide Centers for Disease Control (CDC) recommended Personal Protective Equipment (PPE) to direct care staff on the COVID-19 quarantine isolation units. Specifically, the direct care staff assigned to the COVID-19 quarantine isolation units were wearing homemade cloth masks and had no eye protection while providing care to the residents on the units. The facility failed to ensure staff discarded PPE (gloves and gowns) in recommended bio-hazard containers. The facility failed to ensure social distancing and facial coverings were provided to four of six sampled Residents (R) (R#1, R#2, R#5 and R#6). The facility failed to ensure all persons entering the facility were screened for signs and symptoms of COVID-19. The deficient practice placed residents on the COVID-19 quarantine isolation units and staff at risk for potential transmission of COVID-19 infection. Findings include: During an interview on 7/15/20 at 9:35 a.m. the Director of Health Services (DHS), revealed the facility had two of five resident care areas designated as COVID-19 quarantine isolation units where 36 residents were admitted or readmitted and were under investigation for potential COVID-19 infection. The DHS revealed the facility designated the 200 and 700 units as the quarantine areas. According to the DHS, the 200 unit had 16 residents and the 700 unit had 20 residents under quarantine isolation. The interview revealed the facility added plastic zippered barriers at the entrance of the 200 and 700 units and had created a decontamination area at the entrance of each unit with a second zippered plastic barrier approximately six feet apart. During the interview, the DHS was observed wearing a cloth mask. The DHS stated, We are using standard precautions and social distancing on the units. On 7/15/20 at 9:35 a.m. the DHS accompanied the surveyor upon entrance to the 700 unit and into the decontamination area beyond the first plastic zippered barrier. The decontamination area had a table to the right side and a large gray barrel with a lid to the left side. The DHS stated the table contained clean PPE including gloves, hand sanitizer and isolation gowns. The DHS stated the large gray barrel with the lid was used to discard PPE. On 7/15/20 at 9:38 a.m. Licensed Practical Nurse (LPN) CC was observed in the decontamination area on the 700 unit with a medication cart. LPN CC was wearing a cloth mask and a headband with large artificial flowers. A drink container with a straw was on top of the medication cart. LPN CC stated, That's my drink, I know it's from home and not a closed container. It could bring germs in. It's a bad habit. On 7/15/20 at 9:38 a.m. observation on the 700 unit revealed staff were wearing cloth masks and did not have eye protection on. Further observation revealed that none of the doors to the resident's rooms were closed. R#1 and R#2 were observed sitting next to each other and were not wearing facial coverings. Further observations on the 700 unit revealed there were no isolation carts at the entrances to the resident's rooms and no biohazard containers in the resident's rooms. During the observation on 7/15/20 at 9:38 a.m. the DHS stated the facility had two isolation carts for the entire facility. Both were used at the entrance to the 200 and 700 units. The DHS revealed the staff were required to discard PPE in the decontamination area. The DHS confirmed the staff had to leave an isolation room with their PPE on and walk to the decontamination unit, unzip the plastic barrier and discard their gloves and gowns in the gray barrel. They remained in the decontamination area when donning PPE. The DHS stated the staff were allowed to bring cloth masks from home and confirmed the facility had not provided eye protection such as goggles or shields. The interview revealed the DHS was unaware of how staff sanitized their cloth masks at home. The DHS confirmed the facility had no method of sanitizing the direct care staffs' personal cloth masks prior to providing direct care to the COVID-19 quarantine isolation units. The DHS confirmed the facility had a sufficient supply of surgical masks, N95 masks and goggles. The DHS stated the facility identified the 200 and 700 units as Level two areas and PPE including surgical masks, N95 masks and eye protection was not indicated. During an interview on 7/15/20 at 9:40 a.m. on the 700-unit, Certified Nurse Assistant (CNA) DD stated she always wears a cloth mask. CNA DD stated, We have to walk to the end of the hall to dispose of our gloves and gowns, there are no containers in the rooms and sometimes we use the residents small trash cans. I've never been told I have to wear eye protection. Continued observations on 7/15/20 at 9:42 a.m. on the 700 unit revealed a small table outside of room [ROOM NUMBER] that had two drink containers with straws. The DHS stated the table was where the CNA's did their charting. The DHS stated, They shouldn't have their drinks on the unit. During an interview on 7/15/20 at 10:00 a.m. CNA AA stated, I bring my mask from home. My sister washes it for me. I'm not sure how she does it. During the interview, CNA AA's cloth mask kept slipping down over her nose and mouth and she re-adjusted the mask multiple times. On 7/15/20 at 10:30 a.m. the DHS accompanied the surveyor upon entrance to the 200 unit. The DHS stated there were 20 residents in quarantine isolation. The decontamination area beyond the plastic zippered barrier had a table to the right with isolation gowns and gloves. On the floor to the left side of the decontamination area was a large plastic bag that was open and contained isolation gowns. Next to the bag on the floor was a table with an open bag of isolation gowns. Some of the gowns were folded and some appeared to be used and rolled up. The DHS stated she wasn't sure which were clean, and which were already used. During this observation, the Maintenance Director (MD) entered the decontamination area. He removed his isolation gown and gloves and stated, There's no place to put these, there's usually a barrel here. The DHS instructed the MD to throw them on the floor where the plastic bag was. On 7/15/20 at 10:35 a.m. on the 200 unit, the surveyor observed the doors to rooms 201 through 210 were open. There were no isolation carts outside of the rooms and no biohazard containers. R#5 and R#6 were observed seated next to each other near the entrance to room [ROOM NUMBER] and were not wearing facial coverings. On 7/15/20 at 12:10 p.m. in the main lobby, LPN GG was observed knocking on the front door at the entrance to the facility. No one was present at the reception desk. CNA EE was observed opening the front door of the facility and letting LPN GG in. CNA EE did not stop LPN GG and did not ask her to wait at the desk to be screened. LPN GG did not stop at the reception desk and proceeded to enter hall 800, a resident care area. The surveyor stopped LPN GG before she entered the hall. LPN GG stated, I'm on my day off. I left my charger on the hall and I was in a rush to get it. I didn't stop at the desk to get screened because I was thinking about my charger. During an interview on 7/15/20 at 12:15 p.m. CNA EE stated, I opened the door for her and there was no one at the desk to screen her (referring to LPN GG). She should have been screened. During an interview on 7/15/20 at 12:18 p.m. Human Resources (HR) stated, I'm the screener today. I left the desk for a few minutes. I didn't screen her, but she has to be screened. She should not have been let in and she should have waited at the desk. On 7/15/20 at 2:00 p.m. the DHS stated, We are stopping the use of cloth masks and they will be wearing surgical masks or whatever PPE is indicated. I have a sufficient supply of goggles and will be distributing them today. During an interview on 7/15/20 at 3:00 p.m. LPN CC stated, I bring my cloth mask from home and I wear this flower headband every day. I have not sanitized it. We don't have to wear surgical masks or N95's unless we have a confirmed case. I'm not sure what you mean by precautions, but I know we have to wash our hands for 30 seconds. Review of the facility policy titled, COVID-19 Pandemic new Admission and Readmission Process for Healthcare Centers dated 7/3/20 indicated, A decontamination room will be established on the unit for hand hygiene and for donning and doffing of PPE upon entering and exiting the unit. PPE will be discarded in a bio-hazard container upon exit. PPE to follow CDC (Centers for Disease Control) guidelines for droplet precautions to include gloves, gowns, and surgical mask. In settings where facemasks are not available, partners may use homemade face</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) coverings for care of patients with COVID-19 as a last resort. However, homemade face coverings are not considered PPE, since their capability to protect partners is unknown . homemade face coverings should be used in combination with a face shield that covers the entire front and sides of the face. Review of the facility policy titled, Transmission-Based Isolation Precautions dated 3/6/19 indicated, It is the policy to implement and adhere to transmission-based precautions to prevent and protect from exposure and transmission of suspected or confirmed infectious agents within the healthcare setting. Personal protective equipment is provided for everyone who needs to care for a resident on isolation precautions . personal protective equipment (gowns, gloves, masks) should be readily available outside the patient room in a cart or cabinet outside the patient's room door . droplet precautions-ensure that residents are physically separated from each other . don a disposable mask, covering the nose and mouth, prior to entering the resident's room . discard the mask when leaving the resident's room . carefully remove gown and dispose in trash receptable. Review of the facility policy titled, Coronavirus (COVID-19) Infection and Control Practices Policy dated 3/6/20 indicated, It is the policy . to initiate the appropriate measures to protect our patients/residents, partners and families from risks associated with the coronavirus through mitigation and education . screening of partners, visitors and vendors . all locations are required to setup screening stations at the main entrance to screen partners, vendors, and visitors for the following: travel to area where there are ongoing outbreaks of coronavirus, contact with someone who has or is suspected to have COVID-19, fever, cough, shortness of breath, sore throat, fatigue, chills, sweats . screening stations should include the following supplies: alcohol dispenser, gloves, germicidal wipes, procedure masks.</p>		