

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115562</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRUITTHEALTH - HOLLY HILL, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>413 PENDLETON PLACE VALDOSTA, GA 31602</b>	
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 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interviews the facility failed to notify the residents, their responsible parties (RP) and families, by five p.m. the next calendar day and weekly thereafter, once the positive results of (Coronavirus) COVID-19 were confirmed for three staff members (Staff AA, BB, and CC). The failure to notify had the potential to affect 72 of 72 Residents as well as the responsible parties of the residents and families of residents. Findings include: Review of Staff AA's Laboratory Report revealed she was tested on [DATE] and on 6/21/2020 it was reported she had a positive COVID-19 test. Review of Staff AA's Laboratory Report revealed she was again tested on [DATE] and on 7/8/2020 it was reported she had a positive COVID-19 test. Review of Staff BB's Laboratory Report revealed it was reported on 6/30/2020 that she tested positive for COVID-19. Review of Staff CC's Laboratory Report revealed it was reported on 7/10/2020 that she tested positive for COVID-19. Review of the facility's Partner COVID-19 Testing Log Form revealed 75 partners were tested on [DATE] and/or on 6/24/2020. Review of the Partner COVID-19 Testing Log Form revealed 33 partners were retested on [DATE] with notation that the facility was waiting for more nasal swabs, (to continue testing). Review of the letter sent to the responsible parties on 6/8/2020 revealed, The facility provides daily updates on its Emergency Preparedness webpage, including location-specific COVID-19 test results and percentage of testing conducted at specific skilled nursing centers. Review of the facility's website on 7/14/2020 at 6:20 p.m. revealed the facility had 82 partners (staff). The website indicated the facility had tested three staff and reported two staff tested negative and one staff test was pending. Per the website, 79 partners had not been tested. However, further review revealed that the information regarding the number of staff who had been tested and the lab results for three staff who had tested positive (Staff AA, BB and CC) for COVID-19 was not accurately documented on the website. Interview with Resident (R) #4 on 7/14/2020 at 11:29 a.m. revealed the staff had not notified her of any staff having COVID-19. Review of the Quarterly Minimum Data Set ((MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) Score of 14 indicating the resident had intact cognition. Interview with R #5 on 7/14/2020 at 11:31 a.m. revealed she did not know of anyone in the facility having COVID-19. Review of the Annual MDS dated [DATE] revealed a BIMS score of 15 indicating the resident had intact cognition. Interview with the Administrator on 7/14/2020 at 9:00 a.m. revealed the facility updated the residents' families and responsible parties on the facility's COVID-19 status via their website. She further stated the facility sent out a letter notifying the responsible parties of the use of the website. Interview with the Director of Nursing (DON) on 7/14/2020 at 9:45 a.m. and 12:01 p.m. revealed the management staff were responsible for verbally telling the residents if COVID-19 positive test results occurred for staff or residents. She also stated the facility did not document when the residents were notified. Interview with the Administrator on 7/15/2020 at 9:30 a.m. revealed the Social Service Designee (SSD) notified all the alert residents yesterday afternoon, after the conversation with the surveyor, that three staff members had tested positive for COVID-19. The Administrator stated normally the nursing department managers, Administrator or SSD would notify the residents of the positive test results. The Administrator confirmed the website had not been updated with the testing of the staff and the positive COVID-19 results for Staff AA, BB, and CC.</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.