

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER SENIOR CARE CENTER - ST MARYS		STREET ADDRESS, CITY, STATE, ZIP 805 DILWORTH STREET SAINT MARYS, GA 31558	
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	Provide and implement an infection prevention and control program. Based on observations, interviews, and review of the facility policy titled, Isolation Patient Room Discharge & Terminal Cleaning, the facility failed to ensure that Housekeeping Team Member AA (HK AA) followed infection control requirements when completing terminal cleaning (deep cleaning) in an empty resident room on the unit designated as the infection control unit. HK AA failed to wear appropriate personal protective equipment (PPE) for cleaning the room. In addition, HK AA brought the housekeeping cart, containing cleaning supplies, into the empty resident room while deep cleaning. Failure to wear the appropriate PPE when cleaning and bringing the housekeeping cart into the empty resident's room could expose the staff member, other staff, and residents to infection. Findings include: Review of the facility policy titled, Isolation Patient Room Discharge & Terminal Cleaning, revised 4/2020 revealed, .Whenever there's a possibility that you'll have contact with infectious material, body fluid, or hazardous chemicals, make sure you use appropriate Personal Protective Equipment (PPE). PPE is the name for specialized clothing or equipment worn by an employee for protection against infectious material . Some examples of PPE include: Gloves - to protect hands, Gowns/Aprons - to protect skin and/or clothes, Masks/Respirators- to protect the nose/mouth .Respirators protect the respiratory tract from airborne infectious agents, Goggles - to protect eyes, and Face shields - to protect face, mouth, nose, and eyes. During a tour of the infection control unit on 6/16/2020 at 9:16 a.m., an observation revealed HK AA was cleaning room six. HK AA was wearing a mask and gloves but was not wearing a gown. The housekeeping cart, containing the cleaning supplies used by housekeeping, was inside room six. HK AA was observed leaning over the bed, wiping it with a cloth. Her clothing was observed touching the mattress. Interview with HK AA, at this time, revealed that the resident, that had been in the room, was discharged and she was doing a terminal cleaning of the room. During an interview on 6/16/2020 at 10:25 a.m., the Supervisor for Environmental Services (SES) was asked about HK AA deep cleaning the room, on the infection control unit, without wearing a gown. The SES stated, gowns should be worn. They protect her and the residents. The SES also confirmed the cleaning cart should not have been taken into the room and the housekeeping cart would be removed from service. During an interview on 6/16/2020 at 10:55 a.m., HK AA stated that she thought she could clean room six quickly to get out of the staffs' way. HK AA stated that she had been trained to wear a gown when cleaning on the infection control unit. HK AA also confirmed that the housekeeping cart should have been left outside of room six. HK AA stated that the cleaning cart had been removed from service and would be thoroughly cleaned and disinfected before being used again. During an interview on 6/16/2020 at 1:00 p.m., the Director of Nursing (DON), who was also the Infection Preventionist, stated that the housekeeping staff, on the infection control unit, should be wearing a gown, face shield with mask, and gloves when cleaning any of the rooms on the infection control unit.		
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.