STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115020	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bell Minor Home, The	2200 Old Hamilton Place NE Gainesville, GA 30507

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled Infection Control, Categories of, the facility failed to ensure staff implemented appropriate infection prevention and control practices related to Enhanced Barrier Precautions (EBP) for one of 13 residents (R) (R8) on EBP. This deficient practice had the potential to increase the risk for transmission of infectious organisms to other residents and staff.Findings include:Review of the Electronic Health Record (EHR) revealed R8 was admitted to the facility on [DATE], with the diagnoses, including but not limited to, Parkinson's disease, hypertensive heart failure, dementia, need for assistance for personal care, and hypokalemia.Review of the Treatment Administration Record (TAR) for R8 dated May 2026, documented but not limited to treatment for a wound to the coccyx and a sacral wound. Review of the Minimum Data Set (MDS) assessment for R8 dated 03/04/2026, revealed a Basic Interview for Mental Status score of 99, which indicated severe cognitive impairment. Section GG (Functional Abilities) documented moderate to maximal assistance for activities of daily living. Section M (Skin Conditions) documented R8 had a pressure ulcer.During an observation and interview on 05/04/2026 at 12:40 PM, it was revealed that Certified Nursing Assistant (CNA) (CNA HH) entered Room A6, which had an EBP sign posted on the door. CNA HH did not put on the required personal protective equipment (PPE), including a gown and gloves, prior to entering the room. Both residents in the room required EBP. CNA HH was observed making direct contact with R8 by leaning over the resident and placing her arm around R8's shoulder to reposition. Her clothing and bare hands came into contact with R8. During the interview on 05/04/2026 at 12:48 PM, with CNA HH following the observation, CNA HH stated she was only repositioning R8 and only wears the gown and gloves when changing residents. During an interview on 05/04/2026 at 12:55 PM, with the Director of Nursing (DON) confirmed that her expectation was that staff wear the required PPE, including gown and gloves, for all resident contact involving residents on EBP. The DON stated that Personal Protective Equipment (PPE) is expected to be utilized for all direct resident care and contact activities in accordance with facility infection control protocols. The DON further stated that immediate re-education would be provided for the staff involved and that additional in-service education regarding Enhanced Barrier Precautions would be conducted for facility staff.During a Review of the facility policy titled Isolation Precautions, Categories of, dated February 2026 documented under Enhanced Barrier Precautions (EBP): . 4. Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of Multidrug-resistant Organisms' (MDRO) to staff hands and clothing. In addition, documented . d. Gloves and gown prior to high-contact care activity.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE