

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Sparta Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 11744 Highway 22 E Sparta, GA 31087	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524</p> <p>Based on observation, staff interviews, record reviews, and review of the facility's policy titled Helping Avoid Nosocomial Developed Skin Breakdown, the facility failed to provide activities of daily living (ADL) care to one of 25 sampled residents (R) (R13). Specifically, the facility failed to ensure that thorough incontinence care was provided to R13. This deficient practice had the potential to place R13 at risk of developing infections, foul odor, and skin breakdown.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Helping Avoid Nosocomial Developed Skin Breakdown, reviewed 4/2024, included Incontinence cleansing and skin barriers may be used for incontinence patients.</p> <p>Review of R13's electronic medical records (EMR) revealed diagnoses including, but not limited to, debility, cardiorespiratory condition, and fracture.</p> <p>Review of the Significant Change Minimum Data Set (MDS) dated [DATE] revealed Section GG (Functional Abilities and Goals) documented R13 was dependent on staff for toileting, bathing, upper and lower body dressing, personal hygiene, and mobility. Section H (Bowel and Bladder) documented the resident was always incontinent of bowel and bladder. Section M (Skin Conditions) documented that R13 had a risk of pressure ulcers and had one stage 4 pressure ulcer.</p> <p>Observation on 3/12/2025 at 4:50 pm revealed Certified Nursing Assistant (CNA) AA performed incontinence care on R13 but did not lift the scrotum to clean around it or clean the surrounding areas.</p> <p>In an interview on 3/12/2025 at 5:10 pm, CNA AA confirmed she did not lift R13's scrotum to clean around it or clean the surrounding areas during incontinent care. She stated she should have cleaned the scrotum, but she did not. She stated when she did not clean the scrotal area properly, it could cause moisture in the area.</p> <p>In an interview on 3/13/2025 at 10:27 am, Licensed Practical Nurse (LPN) DD stated during incontinence care of the male resident, the resident's scrotum was to be lifted and the surrounding surface cleaned properly. LPN DD stated there might be residual urine or moisture in the perineal area, and if it was not cleaned and dried properly, the resident's skin condition could be affected.</p> <p>(continued on next page)</p>

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
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/13/2025 at 10:50 am, the Director of Nursing (DON) stated during incontinence care, the scrotum was to be lifted and cleaned around the area. She further stated that if this was not done, it could cause moisture buildup and skin breakdown in the residents.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50524</p> <p>Based on observations, record reviews, staff interviews, and a review of the facility's policies titled Hand Hygiene, and Standard Precaution/Use of PPE [Personal Protective Equipment], the facility failed to ensure infection control processes were followed during resident care for one of 25 sampled residents (R) (R13). The deficient practice had the potential to increase the potential for cross-contamination and spread of infection.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Hand Hygiene, reviewed 12/27/2024, revealed the Purpose section stated, Hand Hygiene is the single most important means of preventing the spread of infection. The use of gloves does not replace hand washing. The Guidelines section included, .Glove use: Change gloves and perform hand hygiene during patient care, if: Moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.</p> <p>Review of the facility's policy titled Standard Precautions/Use of PPE, reviewed 12/27/2024, revealed the Intent section stated, It is the policy of this facility that: 1) all patient blood and body fluids will be considered potentially infectious. 2) standard precautions are indicated for all patients. The Guidelines section included, . Change gloves during patient care if the hands will move from a contaminated body site (e.g.[such as] perineal area) to a clean body site (e.g., face).</p> <p>Observation on 3/12/2025 at 4:50 pm revealed Certified Nursing Assistant (CNA) AA did not change her gloves while providing incontinence and activities of daily living (ADL) care to R13. Observation revealed CNA AA used one pair of gloves while providing incontinence and ADL care to R13. Further observation revealed that CNA AA removed her gloves before removing the gown she wore during the incontinence and ADL care. Observations revealed that she removed the gloves, then removed the gown with her bare hands by grasping the front of the gown, pulling it forward to remove it, and gathering it with both bare hands before placing it in the garbage bin.</p> <p>In an interview on 3/12/2025 at 5:10 pm, CNA AA confirmed she did not change her gloves while providing incontinence and ADL care to R13. She stated she should have changed her gloves because the resident could get an infection when the same gloves were used from dirty areas to clean areas. She further stated she should not have used the same gloves to put on the resident's clothes and touch the bed remote that she wore during incontinence care. CNA AA further stated that bacteria could spread from the dirty gloves to the resident and surrounding areas. CNA AA confirmed she did not remove her gown per infection control protocol after completing incontinence care. She confirmed she removed the gloves first, used her bare hands to grasp the front of her gown, removed it with her bare hands, and placed it in the garbage bin. She stated she should not have touched the outside of the gown with her bare hands because the germs or bacteria on the dirty gown could cause the spread of infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/13/2025 at 10:27 am, Licensed Practical Nurse (LPN) DD stated when removing gowns, the gown should be pulled away from the body with the gloves on, from inwards to outwards from the neck downwards to ensure germs from the outside of the gown do not get transferred to others or the resident. LPN DD further stated gloves should be changed if soiled or when going from a clean surface to a dirty surface. He stated one pair of gloves should not be used to provide incontinence care and ADL care since this could cause cross-contamination, and the resident could get an infection and get sick.</p> <p>In an interview on 3/13/2025 at 10:50 am, the Director of Nursing (DON) stated that gloves should be changed between incontinence care and other ADL care. She stated that it was not appropriate for the same gloves to be used throughout the procedure and that glove change was necessary when moving from dirty to clean. The DON stated that not changing gloves could cause the spread of infection. She further stated that gowns were to be removed before removing gloves to prevent the spread of germs.</p>		