

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Quinton Mem Hc & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1115 Professional Blvd Dalton, GA 30720	

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 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>50878</p> <p>Based on observations, resident and staff interviews, and review of the facility policies titled, HLTC Oxygen (O2) Administration and HTLC Administering Medications Through Nebulizer, the facility failed to bag and store unused O2 and nebulizer tubing, and cannulas/masks for four of 28 residents (R) (R52, R68, R39, and R287) receiving respiratory services . The deficient practice had the potential to allow unhealthy organisms to contact the equipment and of spreading infection in the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled HLTC Oxygen Administration revealed under Procedure: . 4. Maintenance, a. Replace oxygen tubing at least monthly and more often as needed for contamination, dysfunction, or visibly soiled tubing.</p> <p>Review of the facility policy titled HLTC Administering Medications Through Nebulizer revealed under Procedure: . 5. Cleaning, a. The facility will: i. Wipe machine with warm, soapy water and rinse or use an all-purpose disinfecting wipe according to the instructions on the label, and observing the appropriate kill time, at least once a week and as needed. ii. Clean humidifier weekly and air dry. iii. Rinse washable filter under running water once a week to remove dust and debris. Replace this filter at least once a year. iv. Clean masks, nasal pillows and tubing daily by cleaning with warm, soapy water. Rinse with warm water and allow it to dry between use. V. Clean headgear (strap) by washing with warm water and mild detergent as needed and allow to air dry.</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) assessment for R52 dated 2/15/2025 Section I (Active Diagnoses) revealed but not limited to diabetes mellitus, malnutrition, Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive decline.</p> <p>During observation and interview on 3/11/2025 at 12:07 pm with R52 revealed unbagged O2 tubing with O2 concentrator in the corner on the floor. R52 said she recently moved into this room and this equipment was hers.</p> <p>During observation on 3/11/2025 at 4:30 pm of R52 revealed the same unbagged O2 tubing on the floor, unbagged, along with the O2 concentrator on the floor in the corner.</p> <p>During observation on 3/12/2025 at 9:05 am of R52 revealed O2 tubing remained on floor, unbagged, next to the O2 concentrator.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the most recent quarterly MDS assessment for R68 dated 12/14/2024 revealed diagnoses including but not limited to coronary artery disease, heart failure, respiratory insufficiency, hypertension, and dementia, Section C revealed a BIMS score of 15, indicating intact cognition.</p> <p>During an observation on 3/12/2025 at 11:06 am of R68 revealed the O2 concentrator filter had brownish-gray substance coating the machine filter cover.</p> <p>Review of the most recent quarterly MDS assessment for R39 dated 1/11/2025 revealed diagnoses including but not limited to anemia, heart failure, hypertension, hip fracture, Section C revealed a BIMS score of 15, indicating intact cognition.</p> <p>During an observation on 3/12/2025 at 10:45 am of R39 revealed nebulizer (machine to deliver breathing treatments) tubing and mask were noted to be unbagged and uncovered at the bedside.</p> <p>Review of the most recent quarterly MDS assessment for R287 dated 1/28/2025 revealed diagnoses including but not limited to anemia, heart failure, hypertension, hip fracture, Section C revealed a BIMS score of 9, indicating moderate cognition decline.</p> <p>During an observation on 3/13/2025 at 3:45 pm of R287 revealed nebulizer tubing and mask were noted to be unbagged and uncovered at the bedside in a room under Enhanced Barrier Precautions (EBP).</p> <p>During an interview on 3/12/2025 at 9:15 am with Certified Nursing Assistant (CNA) BB revealed when asked about the O2 equipment of R52's on the floor, uncovered and unmarked. CNA BB stated she was unsure why it was there, and that the resident had recently moved into the room and the O2 equipment came over with her. CNA BB stated she has not seen R52 use the equipment.</p> <p>During an interview on 3/12/2025 9:19 am with LPN AA regarding R52 O2 tubing lying on floor in the corner of R52's and R287's rooms, LPN AA stated she believed the policy was that the O2 equipment in this room and the nebulizer in R287 room should be placed in a bag when not in use. She further stated it was the duty of the night shift to take care of this equipment cleaning and storage.</p> <p>During an interview on 3/12/2025 at 11:30 am with the Infection Preventionist (IP) regarding respiratory infection prevention practices, she revealed she completed periodic spot checks on respiratory and O2 equipment during walk-arounds in the facility. She further revealed that the policy states the tubing and face masks/cannulas should be bagged when not in use and cleaning was to be done weekly by the evening shift staff.</p> <p>Review of in-service documentation from 2024 did not reveal any specific training on the infection prevention task as it related to respiratory equipment and tubing.</p> <p>Interview on 3/13/2025 at 3:50 pm with the Director of Nursing (DON) revealed the evening shift handled respiratory sanitization administration and control of O2 and nebulizer equipment and tubing. The DON stated tubes and cups should be bagged and dated when not in use and that cleaning should be done monthly according to policy. The DON confirmed with Registered Nurse (RN) EE that no logging was done when scheduled cleaning was performed.</p>		