STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115461	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Townsend Park Health and Rehabilitation	196 North Dixie Avenue Cartersville, GA 30120

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 policies titled, Hand Hygiene, and Transmission-Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), the facility failed to implement appropriate infection prevention and control practices for one of fourteen sampled residents (R) (R14). Specifically, staff failed to follow Enhanced Barrier Precautions (EBP) during high-contact perineal care for a resident with wounds. This deficient practice had the potential to increase the risk of infection transmission to residents and staff.Findings include:Observation made on 05/19/2026 at 10:24 AM for R14 revealed, Certified Nursing Assistant (CNA) CNA AA and CNA BB providing perineal care while wearing only gloves and not wearing gowns as required under EBP. Observation revealed the resident had a bowel movement and staff performed cleansing of the perineal area and buttocks, changed the resident's brief, and replaced the soiled draw sheet. After completion of care, CNA AA was observed leaving the resident's room wearing soiled gloves while carrying two bags containing soiled linen and a soiled brief. She walked down the hallway to dispose of the bags in hallway receptacles prior to glove removal and hand hygiene. After disposing of the bags, she removed her gloves and discarded them in the receptacle, then entered a resident room located across from the receptacle to use wall-mounted hand sanitizer.Interview with CNA AA confirmed she exited the resident room and entered the hallway while wearing soiled gloves and did not perform hand hygiene prior to leaving the room after providing perineal care. She further stated she was aware staff are not supposed to wear gloves in the hallway.Interview with the Director of Nursing (DON) on 05/19/2026 at 11:09 AM confirmed, it is the facility's expectation that staff do not wear gloves in the hallway and perform hand hygiene immediately after glove removal because hands may still be contaminated. The DON stated this practice was necessary to prevent the spread of infection and germs outside the resident's room and confirmed staff education regarding infection control expectations had already been provided.Review of the electronic medical record (EMR) revealed R14 was admitted on [DATE], and pertinent diagnoses included, but not limited to, pressure ulcer of left heel, stage 1; pressure induced deep tissue damage sacral region; type 2 diabetes mellitus with hyperglycemia; type 2 diabetes mellitus with diabetic chronic kidney disease; chronic kidney disease, stage 3b; need for assistance with personal care.Review of R14's admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated little to no cognitive impairment. Section GG: (Functional status), revealed R14 required partial to moderate assistance with activities of daily living (ADLs). Section M: (Skin conditions), revealed R14 was at risk for pressure ulcers/injuries.Review of R14's care plan updated 05/19/2026, indicated a problem of skin breakdown related to surgical wound to left leg s/p {status post} surgical repair of femur; left heel pressure ulcer, and pressure ulcer perineal/buttocks area. Goals included but were not limited to: the resident will not have skin breakdown/further breakdown to area through the review period. Interventions included but were not limited to: pressure-reducing/redistribution devices, off-loading heels, surgical wound treatments as ordered, and treatments/dressings as ordered by the physician.Review of the Physician's Orders for R14 included, but was not limited to:Order dated 03/31/2026 for honey-gel (wound treatment) Tuesday, (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Friday day shift cleanse right sacrum with normal saline and pat dry, apply honey to open wound bed then cover with a foam adhesive.Order dated 0/31/2026 for povidone iodine Tuesday, Friday on day shift paint left heel with iodine and cover with a foam adhesive.Order dated 05/08/2026 for skin barrier protective wipe Tuesday, Friday on day shift apply to right heel and cover with a foam adhesive for protection.Follow-up interview with the DON on 05/19/2026 at 12:26 PM revealed that after review of R14's EMR, the resident had wound care orders for the heels and should have been placed on EBP, but this was not implemented. The DON acknowledged the resident met criteria for EBP and staff should have worn gown protection during perineal care.Review of the facility policy titled Hand Hygiene, with review date 12/27/2025, documented that Hand Hygiene is the single most important means of preventing the spread of infection. The use of gloves does not replace hand washing. Further review of section Guideline, documented that Associates should use alcohol-based hand rub or wash hands with soap and water for the following indications: After touching a patient or the patient's immediate environment. After contact with blood, body fluids or contaminated surfaces. Immediately after glove removal.Review of the facility policy titled, Transmission-Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), with review date 12/27/2025, revealed in the section titled Enhanced Barrier Precautions (EBP), documented Enhanced Barrier Precautions are indicated for Patients with any of the following: Wounds and/indwelling medical devices even if the patient are not known to be infected or colonized with a MDRO {multi drug resistant organism.} Further review documented, Enhanced Barrier Precautions expand the use of the PPE {personal protective equipment} and refer to the use of gowns and gloves during high-contact activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from patient-to-patient during high contact activities. Nursing home patients with wounds and indwelling medical devices are especially at high-risk of both acquisition and colonization of MDROs. The use of gown and gloves for high-contact patient care activities is indicated, when Contact Precautions do not apply, for nursing home patients with wounds and/or indwelling medical devices regardless of MDRO colonization as well as patients with MDRO infection or colonization. Examples of high contact patient care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting.