

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Westbury Center of Conyers for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 1420 Milstead Road Conyers, GA 30012	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record review, and review of the facility's policies titled Infection Prevention and Control Program Description and Hand Hygiene, the facility failed to practice hand hygiene between glove changes for one of four residents (R) (R4), sampled for incontinence care. This deficient practice had the potential to place R4 at risk of infections due to cross-contamination. Findings include: Review of the facility's undated policy titled Infection Prevention and Control Program Description revealed The major activities of the program are: 3. Implementation of Control Measures and Precautions, which includes basics such as hand hygiene, and measures to protect persons from communicable diseases or infections. Review of the facility's policy titled Hand Hygiene, revised June 2023, revealed Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Policy Explanation and Compliance Guidelines: Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Review of the facility's electronic medical records (EMR) revealed R4 was admitted to the facility on [DATE] with diagnoses including, but not limited to, contracture of the left and right hands, urinary tract infection (UTI), and muscle weakness. Review of the quarterly Minimum Data Set (MDS) assessment for R4, dated 01/9/2026, revealed that Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 10, which indicated R4 had moderately impaired cognition. Section GG (Functional Abilities) revealed that R4 was dependent on staff for toileting hygiene. Review of the care plan for R4, dated 01/14/2026, included, but was not limited to, The resident has bowel and bladder incontinence r/t [related to] history of UTI, impaired mobility. The resident will remain free from skin breakdown due to incontinence and brief use through the review date. Clean peri-area [perineal area] with each incontinence episode. Incontinent: Check and change as required for incontinence. Wash, rinse, and dry the perineum. Change clothing PRN [as needed] after incontinence episodes. Observation on 02/03/2026 at 02:26 PM of incontinence care for R4 revealed that Certified Nursing Assistant (CNA) AA did not perform hand sanitizing between glove changes. In an interview on 02/03/2026 at 2:26 PM, CNA AA confirmed she did not hand sanitize between glove changes. She stated that she should have sanitized her hands after removing the used gloves and before putting on a new pair. She further stated that when she did not sanitize her hands between glove changes, the resident could develop infections. In an interview on 02/04/2026 at 2:52 PM, the Staff Development Coordinator (SDC) stated that hands should be washed or hand sanitized between glove changes. She further stated that if hands were not washed or sanitized between glove changes, there could be the spread of germs, cross-contamination, or infection to the residents. In an interview on 02/04/2026 at 3:55 PM, the Director of Nursing (DON) stated that she expected staff to wash or sanitize their hands between glove changes. The DON further stated that if staff did not wash or sanitize their hands after removing gloves and before putting on gloves, it could cause</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 115469	If continuation sheet Page 1 of 2

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