

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/12/2025
NAME OF PROVIDER OR SUPPLIER  Roberta Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  420 Mytle Drive Roberta, GA 31078	

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>51853</p> <p>Based on observation, staff interviews, record review, and review of the facility policies titled Handwashing/Hand Hygiene F880 and Administering Medication F760, the facility failed to ensure infection control processes were followed during medication pass observation for one of three nurses observed. This deficient practice had the potential to place residents at risk for infections due to cross-contamination.</p> <p>Findings include:</p> <p>Review of the facility policy titled Handwashing/Hand Hygiene F880, effective 10/2024, revealed the Policy section stated, The facility considers hand hygiene the primary means to prevent the spread of germs.</p> <p>Review of the facility policy titled Administering Medication F760, effective 10/2024, revealed the Guidelines section included, . 15. Staff shall follow established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) when these apply to the administration of medications.</p> <p>Observation on 5/7/2025 at 8:42 am of medication pass with Licensed Practical Nurse (LPN) AA revealed she removed a medication tablet from a container into her ungloved hand, and used her fingernail to move medication tablets around in the medication cup to count them.</p> <p>In an interview on 5/7/2025 at 9:00 am, LPN AA stated that she didn't always wear gloves during medication pass. She confirmed that she touched the medication tablets with her bare hands and should have had gloves on before touching the tablets.</p> <p>In an interview on 5/8/2025 at 8:01 am, Registered Nurse/Unit Manager (RN/UM) CC stated nurses should wear gloves when preparing medications and should not touch pills that are administered.</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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