

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2024
NAME OF PROVIDER OR SUPPLIER  Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street 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)		
<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>49470</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Handwashing and Hand Hygiene, the facility failed to follow proper infection control practices to prevent the spread of disease for one of seven sampled Residents (R) (R1). Specifically, staff entered R1's room, who was on contact isolation, without washing their hands or wearing gloves and a gown.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Handwashing and Hand Hygiene revealed under Policy Interpretation and Implementation 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 1. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies.</p> <p>7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty. b. Before and after direct contact with residents. c. Before preparing or handling medications. i. After contact with a resident's intact skin. m. After removing gloves. n. Before and after entering isolation precaution settings. p. Before and after assisting a resident with meals. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>Review of the electronic medical record (EMR) for R1 revealed the resident was admitted with diagnoses including, but not limited to acute renal failure, diarrhea, and possible clostridium difficile, and Urinary Tract Infection Methicillin Resistant Staphylococcus Aureus Infection (MRSA) meaning contagious bacteria resistant to antibiotics treatment.</p> <p>Review of R1's care plan dated 1/4/2024 revealed R1 had MRSA and was on contact isolation. The care plan directed staff to wear gowns and masks when in contact with R1.</p> <p>Observation on 6/11/2024 at 10:30 am revealed a red sign on R1's door which read Contact Precautions and instructed staff to sanitize hands before and after contact with R1. The sign also instructed staff to wear gloves before contact with R1.</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: 115571
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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>Observation on 6/11/2024 at 10:40 am showed Licensed Practical Nurse (LPN) AA in the hallway, behind a medication cart preparing medications. LPN AA did not wash or sanitize her hands before she entered R1's room, without a gown or gloves, and gave R1 his medication. LPN AA left the room and did not wash or sanitize her hands. LPN AA was observed touching the resident's empty water cup and proceeded to the medication cart when R1 asked LPN AA for a missing pain pill dose. LPN AA returned to R1's room, did not don (put on) a gown or gloves, and informed R1 that his pain medication was due later. LPN AA proceeded to her medication cart and did not wash or sanitize her hands and proceeded preparing medication for another resident.</p> <p>During an Interview with LPN AA on 6/11/2024 at 11:05 am, LPN AA revealed she forgot R1 was on contact isolation and did not read the sign on R1's door. LPN AA stated she should have washed her hands and donned gloves before and after contact with R1, as per facility policy.</p> <p>During an interview with the Infection Control Preventionist (CP) CC on 6/11/2024 at 2:20 pm. Confirmed R1 was on contact isolation precautions. CP CC stated she expected all staff to wear gowns and gloves before staff entered R1's room. CP CC revealed she expected staff to wash their hands before and after contact with R1. CP CC stated staff were instructed to wash their hands before entering R1's room, don gloves, wear a gown, and wash their hands after contact with R1. CP CC confirmed that LPN AA did not follow proper facility infection control procedures.</p> <p>During an interview with the Director of Nursing (DON) on 6/11/2024 at 2:30 pm, the DON stated that the facility placed a sign and Personal Protective Equipment (PPE) on R1's door as a reminder to staff and visitors to follow infection procedures when entering R1's room.</p>		