

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2025
NAME OF PROVIDER OR SUPPLIER  Northridge Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Medical Center Drive Commerce, GA 30529	
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>Based on observations, staff interviews, record reviews, and review of the facility policy titled, Infection Prevention Plan, the facility failed to ensure infection control practices were followed for three of 33 sampled residents (R) (R19, R74, and R10). This deficient practice had the potential to increase the risk of infection due to cross-contamination of the residents. Findings include: Review of the facility policy titled, Infection Prevention Plan, revised 12/30/2022, revealed the Intent section included, The infection prevention plan provides an overview of the infection prevention practices of the center that is charged with the promotion of a healthy and safe environment to reduce the risk of infections in patients, staff, visitors and others in the health care environment. Epidemiological principles and an interdisciplinary approach shall be employed to focus on surveillance, prevention and control of infections. 1. Observation on 7/23/2025 at 9:50 am, of Registered Nurse (RN) CC performed a fingerstick blood sugar test on R19 with a glucometer (a reusable machine used to check blood sugar) and returned the glucometer to the medication cart without sanitizing it. 2. Observation on 7/23/2025 at 11:55 am, of RN CC revealed her to place an insulin pen, glucometer, alcohol wipes, and a cotton ball into a plastic rectangular container to transport to R74's room. Observation revealed RN CC did not line the container with a protective barrier. Further observation revealed RN CC placed the container on the resident's bedside table without a protective barrier or sanitizing the table. She performed a fingerstick blood sugar test on R74 and placed the glucometer, blood-stained cotton ball, and alcohol wipe on the resident's bedside table without placing a protective barrier on the table. She then placed all supplies into the rectangular container and returned to the medication cart. Further observation revealed RN CC sanitized the glucometer and returned it to the same rectangular container without sanitizing the container or placing a barrier in the container. 3. Observation on 7/23/2025 at 3:30 pm revealed Licensed Practical Nurse (LPN) JJ administering medications to R10 via a gastric tube. Observation revealed LPN JJ placed a barrier on the resident's bedside table and placed the supplies on the barrier. After administering the medications, she removed the supplies from the table. She did not sanitize the table before or after placing the supplies on it. In an interview, she confirmed she did not sanitize the table before or after placing the supplies on it and stated she presumed that housekeeping cleaned the table frequently. In an interview on 7/23/2025 at 1:05 pm, the Infection Preventionist (IP) stated reusable medical equipment should be cleaned before and after use, and a protective barrier should be placed on surfaces before placing equipment on them. In an interview on 7/23/2025 at 5:30 pm, the Director of Nursing (DON) stated that her expectation was for bedside tables to be sanitized before use, and a protective barrier should be used on surfaces. The DON further stated that her expectation was for reusable medical equipment, such as glucometers, to be sanitized before and after use, and dwell time adhered to for drying.</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:  115714	Facility ID:  115714  If continuation sheet Page 1 of 1