

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/10/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115635	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  River Brook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  390 Sweat Street Homerville, GA 31634	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>15650</p> <p>Based on observation, record review and staff interview, the facility failed to ensure enhanced barrier precautions (EBP) were implemented for three residents (R) (R2, R3, and R4) who had pressure ulcers from a total sample of seven residents.</p> <p>Findings include:</p> <p>Review of an undated document titled Implementation of Personal Protective Equipment (PPE) Use In Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) revealed EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status and Infection or colonization with an MDRO. Effective implementation of EBP requires staff training on the proper use of PPE and the availability of PPE and hand hygiene supplies at the point of care. EBP expands the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Examples of high-contact resident care activities requiring gown and glove use for EBPs include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator and wound care- any skin opening requiring a dressing. Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves) . Make PPE, including gowns and gloves, available immediately outside of the resident room .Ensure access to alcohol-based hand rub in every resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room .Provide education to residents and visitors.</p> <p>During observations of pressure ulcer treatment for R2, R3 and R4 on 7/10/2024 at 11:10 am, 7/11/2024 at 11:10 am and on 7/11/2024 at 10:55 am the wound care nurse was not wearing a gown. There was also no signage on these resident's doors to indicate EBPs were to be implemented for these residents.</p> <p>During an interview with the Wound Nurse on 7/11/2024 at 11:10 am, she stated she had not been instructed to use EBPs. She stated they do that when a resident has something such as ESBL (extended-spectrum beta lactamases).</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: 115635
		If continuation sheet Page 1 of 3

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During an interview with Registered Nurse (RN) AA on 7/11/2024 at 11:35 am, she stated they received an email about a week ago regarding EBPs and they were working on implementing that now and educating the staff.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0882  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>15650</p> <p>Based on record review and staff interview, the facility failed to ensure that the person in the role of the Infection Preventionist (IP) completed specialized training in Infection Prevention and Control. This failure placed all residents at risk for the potential transmission of infections and communicable diseases. The facility had a census of 68 residents.</p> <p>Findings include:</p> <p>Review of the job description for the Infection Control Preventionist dated 2020, noted a requirement of certification in Infection Control Preventionist training.</p> <p>During an interview with Unit Manager AA on 7/11/2024 at 11:35 am, she stated she started working at the facility about a week ago as the Unit Manager and was filling in as the IP until the position was filled.</p> <p>During an interview with the Administrator on 7/11/2024 at 1:25 pm, he stated RN AA and the Director of Nursing currently do not have IP certification, but they were enrolled in the IP certification course to be done online.</p>		