

PHOEBE PUTNEY MEMORIAL HOSPITAL

417 Third Avenue | PO Box 1828
Albany, GA 31702-1828
Lab 229-312-6165, Fax 229-312-6151

M. Lisa Pinkston, Lab Director Charles E. Hawkins, M.D., Medical Director

Pt Name: HALL, ANNIE D
Acct/MR: 1402800458/2301414
DOB: 06/03/1950/F

Fax Report for Southwest GA Regional Med. Ctr
Loc: Contract (Southwest GA Regional Med. Ctr)
Physician: GHIATHI, ABDOLLATIF S, MD

Microbiology

Culture/Sens Wound (Final) Accession #: M012814044
Specimen: Wound
Collected: 01/27/2014 17:00
Inoculated: 01/28/2014 17:40
Last updated: 02/01/2014 15:55
Ordering Physician: GHIATHI, ABDOLLATIF S, MD GHIATHI/NH/DOC:1/27/14
SOURCE: PEG TUBE

Gram Stain (Final)
SOURCE = PEG TUBE
Many PMN WBC's
Many Gram positive rods
Many Gram negative rods

Culture Result (Final)
Anaerobic testing NOT performed.
Aerobic cultures
Abundant colonies Mixed bacterial flora (>3 organisms) including Gram negative rods - Possible Proteus species (Presumptive Identification) , Providencia stuartii, and diphtheroids, with

Isolate #1 (Final)
Abundant colonies
Methicillin Resistant Staphylococcus aureus
This isolate is presumed to be clindamycin resistant based on detection of inducible clindamycin resistance (D-Test). Clindamycin may still be effective in some patients.
Rifampin may be additive or synergistic in combination with another antibiotic but should not be used as solo therapy.
Infection Control Notified

Isolate #1
Methicillin Resistant Staphylococcus aureus
MIC Interp

Antibiotics Tested

Amox /K Clavate	>4/2	R
Amp / Sulb	<=8/4	R
Ampicillin	>8	R
Cefazolin	8	R
Cefox Screen	>4	POS
Clindamycin		R
Erythromycin	>4	R
Gentamicin	<=4	S
Induc Clinda	>4/0.5	POS
Levofloxacin	4	I
Oxacillin	>2	R
Penicillin	>8	R
Rifampin	<=1	S
Tetracycline	<=4	S
Trimeth/Sulfa	<=0.5/	S
	9.5	

Pt Name: HALL, ANNIE D

Pg: 1/2 Admit Date: 01/27/2014

Print Date: 02/01/2014 15:56

PHOEBE PUTNEY MEMORIAL HOSPITAL

417 Third Avenue \ PO Box 1828
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Lab 229-312-6163, Fax 229-312-6151

M. Lisa Pinkston, Lab Director Charles E. Hawkins, M.D., Medical Director

Pt Name: HALL, ANNIE D
Acct/MR: 1402800458/2301414
DOB: 06/03/1950/F

Fax Report for Southwest GA Regional Med.Ctr
Loc: Contract (Southwest GA Regional Med.Ctr)
Physician: GHIATHI, ABDOLLATIF S, MD

Isolate #1

***Methicillin Resistant Staphylococcus
aureus***

MIC	Interp
1	S

Vancomycin

Interpretation Table:

Code	Description
R	Resistant
POS	Positive
S	Susceptible
I	Intermediate

Result before changed by CPS on 02/01/2014 13:34:

Culture Result (Prelim)

Anaerobic testing NOT performed.

Aerobic culture=

Abundant colonies Mixed organisms >3 organisms, including Gram negative rods - Possible Proteus species (Presumptive Identification) ,

.and

Result before changed by SLJ on 01/31/2014 10:28:

Isolate #1 (Prelim)

Abundant colonies

Possible Staphylococcus aureus

.being isolated for further workup

Result before changed by SLJ on 01/30/2014 17:40:

Culture Result (Prelim)

Anaerobic testing NOT performed.

Aerobic culture=

Abundant colonies Mixed organisms being isolated including Gram negative rods - Possible Proteus species ,

.Further report to follow



December 8, 2014

Lee Nola West
P.O. Box 441
Georgetown, GA 39854

Joe-Anne Burgin Nursing Home
321 Randolph Street
Cuthbert, GA 39840-3129

RE: ANNIE HALL/ROSA HALL
Complaint #: GA00146318

Dear Lee Nola West:

This is to acknowledge receipt of your complaint. The complaint has been referred to the Long Term Care Section of the Healthcare Facility Regulation Division (HFRD) for review. First, we must determine if your complaint raises issues that are within our regulatory authority to oversee as outlined in state and/or federal regulations. If so, a member of our staff will investigate the complaint. If we do not investigate your complaint for some reason, we will write you and let you know why. If we determine that your complaint would be more appropriately addressed by another entity, we will provide contact information.

If a determination is made that an on-site investigation is required, the visit will be unannounced and your identity will remain confidential, unless you have granted permission to us to divulge your identity. Investigations are conducted by professional surveyors who are qualified to interpret the rules and regulations that apply to the facility. The surveyors will, as appropriate, review records, conduct interviews, and observe activities related to your concerns. If the surveyor/s are able to find evidence to support your concerns or evidence that similar situations have occurred with others receiving similar services, state and/or federal violations may be cited. When HFR cites a facility for failing to meet state and/or federal rules and regulations, the facility submits a plan of correction, and depending upon the severity of the violation, follow-up surveys may be conducted and enforcement actions considered.

After the investigation is completed, you will be notified in writing of the outcome of the investigation. However, because of federal confidentiality laws, personal health information will not be provided.

The surveyor may attempt to contact you during the course of the investigation. In the meantime, if you have any additional information or questions regarding this complaint, please call the Long Term Care Section at 404-657-5850 or send written reports to:

Long Term Care Section, Complaint Unit
Healthcare Facility Regulation Division
Two Peachtree Street, N.W. Suite 31-447
Atlanta, Georgia 30303-3167
Fax Number (404) 657-8935

Thank you for notifying us about your concerns. Be assured that our office is committed to monitoring facilities to ensure that individuals are receiving care in accordance with applicable regulations.

Sincerely,
Complaint Intake and Referral Unit
Healthcare Facility Regulation Division



February 20, 2015

Lee Nola West
P.O. Box 441
Georgetown, GA 39854

Complaint #: GA00146318

Dear Lee Nola West:

We have completed our investigation into your allegation(s) regarding the services at Joe-Anne Burgin Nursing Home. Our professional surveyor(s) investigated your allegation(s) on 02/12/2015 and the evidence obtained during the investigation was able to support one or more of your allegation(s). A substantiated allegation is an allegation that did occur and is verified by evidence. This may result in federal and/or state deficiency(ies). The visit was unannounced and the investigator utilized methods designed to keep the identity of all persons involved confidential. The care and services were reviewed for the residents identified in your complaint as well as other residents with similar problems.

Each concern of your complaint was reviewed and/or investigated. This investigation may have included an on-site visit by this office, record reviews, and interviews with a variety of individuals, including facility staff and patients/residents and their families, as appropriate.

Please note that as of April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) went into effect. This Act protects personal health information of individuals from being disclosed to the public except on the individual's request, or on the request of the individual's legally appointed guardian or to the durable power of attorney for health care. Therefore, in order to comply with HIPAA our report of findings must be limited and specific health related information cannot be disclosed.

Thank you for sharing your concerns with us. I hope this letter is responsive to your concerns. Please be assured that we will continue to hold this facility accountable for providing safecare. If you have additional concerns or questions, you may contact me at 404-657-5850.

Sincerely,

Julie Fisher, R.N.
Complaint and Investigations Manager
Healthcare Facility Regulation Division

cc: Facility File



IMPORTANT NOTICE - PLEASE READ CAREFULLY

February 27, 2015

Mrs. Teresa Bryant, Administrator
Joe-Anne Burgin Nursing Home
321 Randolph Street
Cuthbert, GA 39840-3129

Dear Mrs. Bryant:

On **February 12, 2015**, the Georgia survey agency conducted a survey to determine if your facility was in compliance with Federal program requirements for nursing homes participating in Medicare and/or Medicaid programs. This survey was:

a standard survey.

a complaint survey.

a revisit to the survey conducted on February 12, 2015, at which one or more deficiencies were cited.

This survey found that your facility was not in substantial compliance with the program requirements. Specific findings of the survey are included on the attached CMS form 2567, Statement of Deficiencies.

All references to the regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Plan of Correction (PoC)

A PoC for the deficiencies cited on the CMS 2567 must be submitted by March 9, 2015. Send the PoC to Jan D. Dunaway R.N., Regional Director, Southern, Healthcare Facility Regulation Division, Long Term Care Section, Suite 31-447, 2 Peachtree Street, NW, Atlanta, Georgia 30303-3142, (404) 657-5850, Fax (404) 651-7295. **The date by which correction must be made, which is reflected by the completion dates on the PoC, must be not later than March 29, 2015.**

Failure to submit an acceptable PoC by March 9, 2015 may result in the imposition of a civil money penalty.



IMPORTANT NOTICE - PLEASE READ CAREFULLY

March 9, 2015

Mrs. Teresa Bryant, Administrator
Joe-Anne Burgin Nursing Home
321 Randolph Street
Cuthbert, GA 39840-3129

Dear Mrs. Bryant:

On **February 12, 2015**, a survey was conducted at your facility. In your plan of correction, you have alleged that the deficiencies cited on that survey have been or will be corrected. Your latest plan of correction date is **March 29, 2015**. We are accepting your plan of correction as your allegation of compliance.

If you have any questions concerning the instructions contained in this letter, or if we may be of assistance, please do not hesitate to call or write to us.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan D. Dunaway".

Jan D. Dunaway R.N.
Regional Director, Southern
Long Term Care Section
Healthcare Facility Regulation Division

Communications with Epidemiologist

3/12/15 1020 DON spoke with [b6,b7C] Regional [b6,b7C] regarding two residents with cultures yielding VRE. DON reviewed the procedures that have been followed since the cultures were reported. [b6,b7C] stated "it sounds like everything is being done appropriately." She also requested face sheets with admission dates and culture reported to be faxed to her in order for her to enter the residents into her surveillance database. That information was faxed at 1035 3/12/15. Considering the date which the residents were found to have an active VRE infection she stated that these are considered nosocomial infections associated with our facility (JABNH). She also stated that she would be emailing [b6,b7C] ICP for the facility regarding any additional information needed.

3/12/15 1400 [b6,b7C] called to review information faxed this morning. Some of the documentation was unclear on the fax. During the discussion she again stated that she felt that as a facility we were following the recommendations appropriately in order to reduce the spread of the organism. She did recommend printing Hand Hygiene signage from the CDC website and to post them throughout the facility. She also plans to check with GPH lab regarding verification procedures. (In the past, VRE specimens have been required to be forwarded to GPH lab to confirm identifications of the isolates)

Bentley Pro Don
Deese Bryant
[b6,b7C] 2/15

3/13/15
3-13-15
3/17/15

Disclosure of Survey Results

Public Law 92-603, Section 299 requires that all deficiencies found during surveys shall be made available to the public. Consequently, the attached list of deficiencies will be on file in this office and will be available to any interested person upon request. In addition, you are required to make the survey results readily accessible to your residents.

If you have any questions concerning the instructions contained in this letter or if we may be of assistance, please do not hesitate to call or write us.

Sincerely,

[Redacted]
b6,b7C

Enforcement Specialist
Long Term Care Section
Healthcare Facility Regulation Division

[by e-mail]

cc: [Redacted] b6,b7C
CMS Regional Office
Georgia Department of Community Health/Division of Medical Assistance
State Long Term Care Ombudsman
[Redacted] b6,b7C
Georgia Board of Nursing Home Administrators
Georgia Medical Care Foundation (QIO)
[Redacted] b6,b7C Agent for Service

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



Refer to: 5272.141.RV.04.22.15.

IMPORTANT NOTICE – PLEASE READ CAREFULLY
(Receipt of this notice is presumed to be April 22, 2015 – Date notice emailed)

April 22, 2015

Ms. Teresa Bryant, Administrator
Joe - Anne Burgin Nursing Home
321 Randolph Street
Cuthbert, Georgia 39840-3129

Re: Imposition Notice
CMS Certification Number (CCN): 11-5272

Dear Ms. Bryant:

A facility must meet the pertinent provisions of Sections 1819 and 1919 of the Social Security Act and be in substantial compliance with each of the requirements for long-term care facilities, established by the Secretary of Health and Human Services in 42 C.F.R. section 483.1 *et seq.*, in order to qualify to participate as a skilled nursing facility in the Medicare program and as a nursing facility in the Medicaid program.

On February 12, 2015, a complaint survey was completed by the Georgia State Survey Agency (SSA) to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was not in substantial compliance with participation requirements. The survey identified that the deficiency was isolated in scope and was determined to be no actual harm with potential for more than minimal harm that is not immediate jeopardy. A statement of the deficiencies (CMS-2567) was provided to you by the Georgia SSA with a letter dated February 27, 2015. Be advised this enforcement cycle began with the complaint survey of February 12, 2015.

As a result of the survey findings, the Georgia SSA notified you it would recommend to the Centers for Medicare & Medicaid Services (CMS) and/or the State Medicaid Agency that enforcement remedies be imposed if you did not submit an acceptable plan of correction or failed to achieve substantial compliance by the revisit.



IMPORTANT NOTICE - PLEASE READ CAREFULLY

April 23, 2015

Mrs. Teresa Bryant, Administrator
Joe-Anne Burgin Nursing Home
321 Randolph Street
Cuthbert, GA 39840-3129

Dear Mrs. Bryant:

Your Plan of Correction (PoC) for the survey that was completed at your facility on March 31, 2015 has been reviewed and found acceptable.

If there are any questions concerning the above, or if we may be of assistance, please do not hesitate to call or write to us.

Sincerely,

b6,b7C

Enforcement Specialist
Long Term Care Section
Healthcare Facility Regulation Division



Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

June 19, 2015

Lee Nola West
P.O. Box 441
Georgetown, GA 39854

Joe-Anne Burgin Nursing Home
321 Randolph Street
Cuthbert, GA 39840-3129

RE: Annie Doris Hall
Complaint #: GA00152181

Dear Lee Nola West:

This is to acknowledge receipt of your complaint. The complaint has been referred to the Long Term Care Section of the Healthcare Facility Regulation Division (HFRD) for review. First, we must determine if your complaint raises issues that are within our regulatory authority to oversee as outlined in state and/or federal regulations. If so, a member of our staff will investigate the complaint. If we do not investigate your complaint for some reason, we will write you and let you know why. If we determine that your complaint would be more appropriately addressed by another entity, we will provide contact information.

If a determination is made that an on-site investigation is required, the visit will be unannounced and your identity will remain confidential, unless you have granted permission to us to divulge your identity. Investigations are conducted by professional surveyors who are qualified to interpret the rules and regulations that apply to the facility. The surveyors will, as appropriate, review records, conduct interviews, and observe activities related to your concerns. If the surveyor/s are able to find evidence to support your concerns or evidence that similar situations have occurred with others receiving similar services, state and/or federal violations may be cited. When HFR cites a facility for failing to meet state and/or federal rules and regulations, the facility submits a plan of correction, and depending upon the severity of the violation, follow-up surveys may be conducted and enforcement actions considered.

After the investigation is completed, you will be notified in writing of the outcome of the investigation. However, because of federal confidentiality laws, personal health information will not be provided.

The surveyor may attempt to contact you during the course of the investigation. In the meantime, if you have any additional information or questions regarding this complaint, please call the Long Term Care Section at 404-657-5850 or send written reports to:

Long Term Care Section, Complaint Unit
Healthcare Facility Regulation Division
Two Peachtree Street, N.W. Suite 31-447
Atlanta, Georgia 30303-3167
Fax Number (404) 657-8935

Thank you for notifying us about your concerns. Be assured that our office is committed to monitoring facilities to ensure that individuals are receiving care in accordance with applicable regulations.

Sincerely,
Complaint Intake and Referral Unit
Healthcare Facility Regulation Division



Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

July 20, 2015

Lee Nola West
P.O. Box 441
Georgetown, GA 39854

Complaint #: GA00150931

Dear Lee Nola West:

We have completed our investigation into your allegation(s) regarding the services at Joe-Anne Burgin Nursing Home. Our professional surveyor(s) investigated your allegation(s) on 06/12/2015 and were unable to obtain sufficient evidence to support a regulatory violation. An unsubstantiated allegation is an allegation where either the evidence cannot be found to support that a regulatory violation occurred, or the evidence is inconclusive. The visit was unannounced and the investigator utilized methods designed to keep the identity of all persons involved confidential. The care and services were reviewed for the residents identified in your complaint as well as other residents with similar problems.

Each concern of your complaint was reviewed and/or investigated. This investigation may have included an on-site visit by this office, record reviews, and interviews with a variety of individuals, including facility staff and patients/residents and their families, as appropriate.

Please note that as of April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) went into effect. This Act protects personal health information of individuals from being disclosed to the public except on the individual's request, or on the request of the individual's legally appointed guardian or to the durable power of attorney for health care. Therefore, in order to comply with HIPAA our report of findings must be limited and specific health related information cannot be disclosed.

Thank you for sharing your concerns with us. I hope this letter is responsive to your concerns. Please be assured that we will continue to hold this facility accountable for providing safe care. If you have additional concerns or questions, you may contact me at 404-657-5850.

Sincerely,

Julie Fisher, R.N.
Complaint and Investigations Manager
Healthcare Facility Regulation Division

cc: Facility File

Order Results

Name: Annie Hall

Age: 65 yrs Sex: Female DOB: 06/03/1950

Arrival Date: 08/21/2015 Time: 07:20

Bed 2

Medical Center Barbour

Emergency Department

MRN: 95881

Account#: 7348047

Private MD: Ghiathi, A S

Test	Value	Flag	Range	Units	Status	Updated
CBC (auto diff) SPEC'M 08/21/15 09:03						
WBC	10.6		4.8-10.8	10*3	F	08/21 09:17
RBC	4.78		4.2-5.4	10*6	F	08/21 09:17
HGB	12.0		12.0-15.6	g/dL	F	08/21 09:17
HCT	37.3		35-46	%	F	08/21 09:17
MCV	78.2	Below low normal	81-99	fL	F	08/21 09:17
MCH	25.2	Below low normal	27-31	pg	F	08/21 09:17
MCHC	32.2	Below low normal	33-37	g/dL	F	08/21 09:17
RDW	16.3	Above high normal	11.5-14.5	%	F	08/21 09:17
PLT CT	252		150-350	10*3	F	08/21 09:17
MPV	9.0		7.4-10.4	fL	F	08/21 09:17
LY%	21.3		20.5-51.1	%	F	08/21 09:17
MO%	10.6	Above high normal	1.7-9.3	%	F	08/21 09:17
GR%	64.4		42.2-75.2	%	F	08/21 09:17
EO%	2.5		0-3	%	F	08/21 09:17
BA%	1.2		0-2	10*3	F	08/21 09:17
LY#	2.3		1.2-3.4	10*3	F	08/21 09:17
MO#	1.1	Above high normal	0.11-0.59	10*3	F	08/21 09:17
GR#	6.8	Above high normal	1.4-6.5	10*3	F	08/21 09:17
EO#	0.3		0.0-0.7	10*3	F	08/21 09:17
BA#	0.1		0.0-0.2	10*3	F	08/21 09:17
NRBC	0.0					
CMP SPEC'M 08/21/15 09:03						
GLUCOSE	136	Above high normal	70-110	mg/dL	F	08/21 09:19
BUN	15		7-22	mg/dL	F	08/21 09:19
CREA	0.7	Below low normal	0.8-1.3	mg/dL	F	08/21 09:19
SODIUM	143		136-146	mmol/L	F	08/21 09:19
K	4.1		3.5-5.1	mmol/L	F	08/21 09:19
CHLORIDE	103		98-106	mmol/L	F	08/21 09:19
CO2	28		23-29	mmol/L	F	08/21 09:19
PROTEIN	7.4		6.0-8.0	g/dL	F	08/21 09:19
CALCIUM	8.4	Below low normal	8.5-10.6	mg/dL	F	08/21 09:19
T BILI	0.7		0.1-1.0	mg/dl	F	08/21 09:19
ALK PHOS	132	Above high normal	46-116	U/L	F	08/21 09:19
ALT	24		12-78	U/L	F	08/21 09:19
AST	17		15-37	U/L	F	08/21 09:19
ANIONGAP	12.0		8-16		F	08/21 09:19
BUN/CR	21.4	Above high normal	10-20		F	08/21 09:19
OSMO CAL	278.9		275-301	mOSM/kg	F	08/21 09:19
ALB	3.1	Below low normal	3.4-5.5	g/dl	F	08/21 09:19
A/G RATO	0.7	Below low normal	1.1-2.2	g/dl	F	08/21 09:19
TSH SPEC'M 08/21/15 09:03						
TSH	1.98		0.34-4.82	uIU/mL	F	08/21 09:06
UA SPEC'M 08/21/15 08:41						