

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF WHITESBURG GARDENS		STREET ADDRESS, CITY, STATE, ZIP 105 TEAKWOOD DRIVE SW HUNTSVILLE, AL 35801	
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>Based on observations, interviews, and review of the facility's policy titled, Handwashing/Hand Hygiene, the facility failed to ensure Employee Identifier (EI) #1, a Licensed Practical Nurse (LPN), washed and/or sanitized her hands after she removed gloves, before putting on a new pair of gloves. The facility further failed to ensure EI #2, a Registered Nurse (RN) did not place medications into her bare hands before she put them into a medication cup and did not administer medication that had been dropped in the medication cart. These deficient practices affected Resident Identifier (RI) #1, RI #2, and RI #3, three of seven residents observed for the medication administration. Findings include: 1) The facility's policy titled, Handwashing/Hand Hygiene, revised August 2015, documented Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation . 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . 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: . m. After removing gloves . During medication pass observation on 8/18/2020 at 9:21 AM, EI #1, an LPN did not wash or sanitize her hands after she removed her gloves before putting on a new pair of gloves when she administered medications to RI #1. In an interview on 8/18/2020 at 9:34 AM, EI #1, an LPN was asked what should be done when gloves are removed. EI #1 said sanitize your hands. When asked if she did that, EI #1 replied no. On 8/18/2020 at 1:25 PM, EI #3, the Infection Control Nurse stated the staff should perform hand hygiene after taking gloves off and before putting gloves on. 2) During medication pass observation on 8/18/2020 beginning at 10:13 AM, EI #2, a RN was observed to prepare RI #2's and RI #3's medications by popping them from the blister pack into her bare hands before she placed them into a medication cup. One of the medications for RI #3 fell into the medication cart and EI #2 picked it up, placed it into the medication cup and administered it to RI #3. In an interview on 8/18/2020 at 11:45 AM, EI #2, a RN stated the proper way was to pop the medications into a medication cup and not her hand. When asked if she had picked the medication up that fell into the medication cart and administer it to RI #3, EI #2 said she had because she didn't want to waste the medication. EI #2 said she should have popped another pill to administer to RI #3. On 8/18/2020 at 1:25 PM, EI #3, the Infection Control Nurse, was asked if it was acceptable to pop medications out of the package into your hand and then place it in the medication cup to administer to a resident. EI #3 replied, only if that person has on gloves. When asked if it was acceptable to drop a medication into the drawer of the medication cart, retrieve it, and administer it to the resident, EI #3 replied no.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.