STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015207	A. BUILDING _____ B. WING _____	**07/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COLLINSVILLE HEALTHCARE & REHAB	**685 NORTH VALLEY AVE COLLINSVILLE, AL 35961**

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	**Provide and implement an infection prevention and control program.** Based on observations and staff interviews, the facility failed to maintain social distancing for three (3) of 10 residents on the memory care unit (Resident #s 1, 2 and 3). These failures occurred during a COVID-19 pandemic, and had the potential to affect all residents, that resided on the memory care unit. The findings include: During concurrent observations and interviews on 07/28/2020 at 12:07 p.m., accompanied by the Director of Nursing (DON), and the Administrator in Training (AIT), Residents #s 1, 2 and 3 were observe in close proximity to each other, in the day room. There were seven (7) other residents present in the day room also. Unit Manager (UM) #1 was present in the day room, and exited the dayroom at 12:10 p.m. The aforementioned residents remained in close proximity upon UM #1's exit. At 12:11 p.m., UM #1 re-entered the day room, where the residents were located, and did not recognize or address concerns with social distancing. At 12:15 p.m., UM #1 after prompted regarding social distancing concerns, confirmed and stated, Residents #s 1, 2 and 3 were 1 feet or less apart. During an interview on 07/28/2020 at 12:19 p.m., the DON stated, she expected residents to be six (6) feet apart. The DON also indicated she expected the staff to be attentive and redirect residents as needed. The facility was unable to provide a policy that addressed social distancing, at the time of the identified concern.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE