STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515071	A. BUILDING _____ B. WING _____	**09/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SALEM CENTER	**255 SUNBRIDGE DRIVE SALEM, WV 26426**

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 -** Few	**Provide and implement an infection prevention and control program.** . Based on observations and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections with regards to Resident handwashing. This practice had the potential to affect a limited number of residents. Facility census: 74. Findings included: a) Hilltop Hall Meal Pass An observation on 09/08/20 at 11:35AM revealed, the Resident's on Hilltop back hall did not receive hand hygiene prior to or during the lunch meal tray pass. An interview with Recreation Assistant #4, on 09/08/20 at 11:40 AM during tray pass revealed, she was unaware if the Resident's had their hands washed prior to this meal tray pass. She stated that she did not know when or how Resident's get their hands washed. During an interview, on 09/08/20 at 11:42 AM, Nursing Assistant (NA) #3 was asked if the residents on the Hilltop Hall received their hands washed or sanitized prior to the lunch meal on this day. NA # 3 stated she was not sure if they had hand hygiene before lunch. NA#3 Stated they did have hand wipes in the resident rooms, but she has not seen any. During an interview with Registered Nurse (RN) #2, on 09/08/20 at 11:45 PM, RN#2 stated that the facility usually has wipes they use, but she has not seen any on this day. During this interview RN #2 ask NA #3 if she knew where any hand wipes were, NA #3 stated, no. RN #2 confirmed the Resident's did not get their hands washed prior to the lunch meal. A second observation on Hilltop front hall on 09/08/20 at 12:00 PM found, the meal trays continued to be passed without the Resident's receiving hand hygiene. The Administrator was informed of the findings on 09/08/20at 12:05 PM. .

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