STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015467	A. BUILDING _____ B. WING _____	**09/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TRUSSVILLE HEALTH & REHABILITATION CENTER	**119 WATTERSON PARKWAY TRUSSVILLE, AL 35173**

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 observation, interviews, and review of the facility's policy titled Hand Hygiene, the facility failed to ensure Employee Identifier (EI) #5, a Registered Nurse (RN) washed and/or sanitized her hands before she put gloves on to administer eye drops to Resident Identifier (RI) #3. This deficient practice affected RI #3, one of three residents observed for medication administration. Findings include: The facility's policy titled, Hand Hygiene, with a date reviewed/revised of 4/15/2019, documented POLICY Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Policy Explanation and Compliance Guidelines: . 3. Hand hygiene is indicated wand will be performed under the conditions listed in, but not limited to, the attached hand hygiene table . According to the Hand Hygiene Table, either antimicrobial soap and water or alcohol based hand rub should be performed before applying and after removing personal protective equipment (PPE), including gloves. During medication pass observation on 9/2/2020 at 11:48 AM, EI #5, a RN did not wash and/or sanitize her hands before she put gloves on to administer RI #3's eye drops. In a telephone interview on 9/3/2020 at 2:19 PM, EI #5, a RN was asked when she should wash her hands when administering eye drops. EI #5 replied, wash before putting gloves on. When asked if she washed and/or sanitized her hands before she put gloves on to administer RI #3's eye drops, EI #5 replied, she couldn't remember. In an interview on 9/2/2020 at 3:17 PM, EI #2, the Director of Nursing/Infection Control Preventionist acknowledged that it would be contamination and an infection control issue if a nurse didn't wash her hands before she put gloves on to administer eye drop medication.
F 0885 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and review of Resident Identifier (RI) #4 and RI #5's medical record reviews, the facility failed to ensure all residents, and/or their responsible party were notified when there was a confirmed case of COVID-19 in the facility. This deficient practice affected RI #4, one of eight sampled residents, with the potential to affect the remaining 86 residents, who currently reside in the facility. Findings include: RI #4 was admitted to the facility on [DATE]. RI #4's Quarterly Minimum Data Set with an assessment reference date of 8/24/2020 indicated RI #4 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15. In an interview on 9/2/2020 at 1:47 PM, RI #4 stated he/she was upset and concerned that the he/she was not being informed of the COVID-19 positive cases within in the facility, as he/she should be. According to RI #5's Laboratory Report on 8/27/2020, it was reported to the facility that RI #5 tested positive for [DIAGNOSES REDACTED]-COV (COVID-19). During an interview on 9/3/2020 at 6:17 PM, Employee Identifier (EI) #1, the Administrator was asked had she been following the Centers for Medicare & Medicaid Services (CMS) guidelines for notifying the residents and responsible parties about new COVID-19 cases in the facility. EI #1 said she thought she had but realized she had not. She further stated she did not notify residents and/or resident representatives of the one positive resident on 8/27/2020 because she had put a statement on the 7/23/2020 letter that they would contact them specifically if their loved one was suspected or diagnosed and thought that would be sufficient. EI #1 further stated that she did not know that they had to be informed every time there was a positive. When asked what was the concern with not keeping the families and residents updated of new cases of COVID-19 in the facility, EI #1 answered that they would want to know the numbers and see how at risk they were. This deficiency was cited as a result of the investigation of complaint/report number AL 925.

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.