STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015154	A. BUILDING _____ B. WING _____	**08/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FAYETTE MEDICAL CENTER LONG TERM CARE UNIT	**1653 TEMPLE AVENUE NORTH FAYETTE, AL 35555**

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 and interviews, the facility failed to ensure Employee Identifier (EI) #2, a Licensed Practical Nurse (LPN) did not: 1) use gloves that she had placed on the back of the clipboard; and 2) touch a resident's glasses while wearing gloves and then instill eye drops into the resident's eyes. These deficient practices affected Resident Identifier (RI), one of four residents observed for medication administration Findings include: The facility's policy titled, Standard Precautions, revised March 2020, documented Purpose: To prevent employee exposure to blood, body fluids, or tissue . 1. Hand Hygiene: . b. During the delivery of resident care services avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . During medication pass observation on 8/19/2020 at 7:59 AM, EI #2, an LPN put on gloves that she had laid on the back of a clipboard that was located on top of the medication cart. After by mouth and nasal spray medications were administered to RI #1, EI #2 sanitized her hands and put on gloves. EI #2 then used her gloved hands to remove RI #1's glasses and place them on top of the resident's head before she administered the resident's eye drop medication. In an interview on 8/19/2020 at 12:20 PM, EI #2, an LPN was asked should gloves be used that were placed on a potentially contaminated surface. EI #2 said no. EI #2 acknowledged that she had placed the gloves on top of the clipboard on the medication cart. When asked if she placed RI #1's glasses on top of his/her head after she had sanitized her hands and put on gloves, EI #2 answered yes she did. EI #2 was asked what the concern was with touching a potentially contaminated surface then administering eye drop medication. EI #2 replied, cross contamination. During an interview on 8/19/2020 at 1:21 PM, EI #1, the Infection Control Preventionist was asked where should gloves for use during medication pass be placed prior to use. EI #1 replied, on a clean surface. When asked should a nurse place gloves on top of a clipboard on the medication cart and then use those gloves to administer nasal spray, EI #1 said no. EI #1 was asked should a nurse place a resident's glasses on top of his/her head while wearing gloves then instill eye drops into the resident's eyes. EI #1 answered, no. When asked why not, EI #1 said, contamination.

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.