

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015440	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER HUNTSVILLE HEALTH & REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP 4010 CHRIS DRIVE HUNTSVILLE, AL 35802	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, review of Resident Identifier (RI) #1's medical record and the facility's policy titled Hand Hygiene, the facility failed to ensure Employee Identifier (EI) #2, a Registered Nurse (RN) wash or sanitize her hands after she removed gloves. This affected RI #2, one of two residents observed for medication pass. Findings include: The facility's policy titled, Hand Hygiene, with an effective date of 9/1/2017, documented PURPOSE: To provide guidelines to employees for proper and appropriate hand washing techniques that will aide in the prevention of the transmission of infections . PROCESS: . III. Hand Hygiene Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene. . After removing gloves or aprons . RI #1 was admitted to the facility on [DATE]. RI #1 has a medical history to include a [DIAGNOSES REDACTED]. During medication pass observation on 8/12/2020 at 8:25 AM, EI #2, a RN handed RI #1 a cup of medications, a cup of water and an inhaler. EI #2 was then observed to remove the glove from her right and left hand, apply a new pair of gloves and administer [MEDICATION NAME] Insulin injection into RI #1's lower abdomen. EI #2 did not wash or sanitize her hands before she put on a new pair of gloves In an interview on 8/12/2020 at 11:34 AM, EI #1, the Infection Control Preventionist was asked when a nurse should change gloves and wash her hands during administration of PO (by mouth) medications, an inhaler and a subcutaneous injection. EI #1 replied, before the nurse administered the medications, wash hands before and after inhaler and prior to administration of Insulin injection and put on clean gloves after washing hands. EI #1 was asked should a nurse remove her gloves, wash her hands and apply clean gloves between those routes. EI #1 replied absolutely, because it was a different route and different portal of transmission. When asked what the concern was with not changing gloves and washing hands when indicated during medication administration, EI #1 answered cross contamination. During an interview on 8/12/2020 at 12:35 PM, EI #2, a RN was asked when she should wash her hands and change gloves during medication pass with different routes. EI #2 said she should wash hands in between changing gloves and in between different procedures. EI #2 was asked did she change gloves and wash her hands during RI #1's medication pass. EI #2 replied she changed her gloves but did not wash her hands. When asked why not, EI #2 stated she was nervous. EI #2 was asked what the concern was with not washing her hands when removing gloves during the medication pass. EI #2 answered spread of germs.</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.