

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER COOSA VALLEY HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 513 PINEVIEW AVENUE GLENCOE, AL 35905	
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 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on record review, staff interview, and the facility's policy entitled, Quality Assurance and Performance Improvement (QAPI), the QAPI committee failed to maintain an effective infection control surveillance plan which sustained regulatory compliance, related to infection control practices for two (2) of two (2) past surveys conducted at the facility. The findings include: 1. Cross reference F880. The facility failed to follow the manufacturer's instructions for cleaning blood glucose monitoring devices (glucometer). Review of the facility survey history revealed, the facility was cited for similar issues of cleanliness of resident equipment for the past two (2) survey cycles: 2. On 06/13/2019, during a recertification survey, for failure to place inhaler mouthpieces on a clean surface, prior to storing in the medication cart, and staff wore the same gloves while administering crushed medications and eye drops. 3. On 07/26/2018, during a recertification survey, related to nebulizer treatment administration. Revisit surveys were conducted for each of the aforementioned deficiencies with compliance confirmed. However, the facility remain unable to maintain substantial compliance with infection control issues related to cleaning resident care equipment. During an interview on 07/22/2020 at 4:23 p.m., the Director of Nursing (DON) stated, she was unaware that licensed nurses were using hand-sanitizer antiseptic solution, to clean shared resident glucometers. The DON indicated, she was aware that the nurses were provided a disinfectant for use, but had not self-identified it was hand-sanitizer. On 07/23/2020, at 9:50 a.m., the DON stated, that she was unaware that environmental staff, expected nursing staff, to perform environmental cleaning. The DON acknowledged, an understanding of the facility's responsibility to self-identify concerns, and implement the facility quality assurance program. The DON did not comment on the facility's inability to remain in compliance with infection control, nor did she explain how the QAPI program was utilized to ensure infection control practices were monitored on an ongoing basis to ensure regulatory compliance. Review of the facility's policy, revised on 11/28/17, revealed, it is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. b. Meet monthly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects under the QAPI program, are necessary.		
F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, the facility policy entitled, Blood Sampling - Capillary (Finger Sticks), and staff interviews, the facility failed to follow the manufacturer's instructions for cleaning blood glucose monitoring devices (glucometer). Specifically, five (5) of five (5) facility staff cleaned resident shared glucometers with a hand-sanitizer antiseptic solution which had the potential to affect 40 of 99 residents. This practice increased the risk of transmission of bloodborne illness to residents. The failures occurred during a COVID-19 pandemic. It was determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment or death to residents. The Immediate Jeopardy was related to 483.80 Infection Control for failure to follow the manufacturer's instructions for cleaning shared resident glucometers. The Director of Nursing was made aware, via phone, that Immediate Jeopardy existed on July 22, 2020 at 5:00 p.m. Immediate Jeopardy was removed on July 23, 2020 at 11:00 a.m., after an acceptable removal action plan was received, and surveyor validation that included further glucometer cleaning observations, staff interviews, policy review, and review of training's to verify the immediate corrective action had been implemented. The facility remained out of compliance at a lower scope and severity of E, (no actual harm with the potential for more than minimum harm that is not Immediate Jeopardy) for deficiencies at F880. In addition, the facility failed to screen one (1) of (1) visitor allowed entry into the facility, and failed to ensure that three (3) of three (3) nursing staff were not expected to perform environmental cleaning services. These findings did not rise to Immediate Jeopardy level. The findings include: 1. During a concurrent observation and interview on 07/21/2020 at 6:20 p.m., Licensed Practical Nurse (LPN) #1 demonstrated she used 80% hand-sanitizer antiseptic solution to clean the glucometer. LPN #1 confirmed the glucometer was shared by residents, and this had been her practice at least one week. LPN #1 revealed, that one week prior to using the hand-sanitizer, she used a germicidal Sani-cloth to clean the glucometers. LPN #1 stated usually there were two (2) glucometers on the 400 hall medication cart; however, she only had one (1) when observed. 2. During a concurrent observation and interview on 07/22/2020 at 3:52 p.m., LPN #2 confirmed there were two (2) glucometers on the 100 hall medication cart, that were shared by residents. She said that she used the glucometers on any resident that showed signs and symptoms of [DIAGNOSES REDACTED] (blood sugar or glucose lower than normal). LPN #2 demonstrated she used 80% hand-sanitizer antiseptic solution to clean the glucometers. She stated that she had cleaned the glucometers with hand-sanitizer one week and a half. 3. During a concurrent observation and interview on 07/22/2020 at 4:04 p.m., LPN #3 confirmed there was one (1) glucometer on the 200 medication cart, that was shared by residents. She demonstrated that she had cleaned the glucometer at least one week and a half, with 80% hand-sanitizer antiseptic solution. 4. During a concurrent observation and interview on 07/22/2020 at 4:05 p.m., LPN #4 confirmed two (2) glucometers on the 300 hall medication cart, that were shared by residents. He demonstrated that he had cleaned the glucometers, for a couple of weeks, with 80% hand-sanitizer antiseptic solution. 5. During an interview on 07/22/2020 at 4:09 p.m., LPN #5 stated she was the Minimum Data Set Coordinator. LPN #5 stated, she would use 80% hand-sanitizer antiseptic solution to clean the glucometers, that were shared by residents. She confirmed the hand-sanitizer solution was located on the medication cart. Review of the directions on the 80% hand-sanitizer antiseptic solution bottle, used by the LPNs as aforementioned to clean glucometers read, "Place enough product on hands to cover all surfaces. Rub hands together until dry." Further review of the labeling did not reveal, the product was an EPA-registered disinfectant product against bloodborne pathogens. The glucometer device observed used by the aforementioned LPNs was the EVENCARE ProView (blood glucose monitoring system). During a phone interview on 07/22/2020 at 4:23 p.m., the Director of Nursing (DON) stated, she was unaware that nursing staff were using 80% hand-sanitizer antiseptic solution, to clean glucometers shared by residents. The DON indicated, she was aware that the nurses were provided a disinfectant for use, but had not self-identified it was hand-sanitizer. The DON said she expected the nurses to have notified her, if they no longer had germicidal wipes Sani-cloth. The DON directed Registered Nurse (RN) #6 to get a container of Sani-cloth wipes from her office, and ensure nurses cleaned the glucometers, with an EPA-registered disinfectant product. RN #6 retrieved the Sani-cloth container as instructed, and updated the nurses on the proper agent to use to clean the glucometers. On 07/23/2020 at 9:50 a.m., the DON shared that each medication cart now had an approved EPA-registered disinfectant container of Sani-cloth. The DON further stated the hand-sanitizer antiseptic solution, was to be used on hands, and non-invasive procedure; but not for cleaning the glucometers. The DON confirmed that		

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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>a blood glucose monitoring test, could be completed on any resident that exhibited signs and symptoms of [DIAGNOSES REDACTED], [MEDICAL CONDITION] (elevated levels of sugar or glucose in the blood), or any resident with a change in condition. Review of the diabetic resident list provided by the facility revealed, there were 40 diabetic residents in the facility. The list confirmed there was a diabetic resident on each hall. Further review of the list revealed, there were two (2) residents with a bloodborne pathogen, [MEDICAL CONDITION] (virus spread by contact with contaminated blood). Review of the facility undated policy, revealed, .Always ensure blood glucose meters intended for reuse are cleaned and disinfected with Sani-Cloth, placing on paper towel, allowing 5 minutes of air dried time before use between residents . Review of the manufacturer's instructions for the glucometer device, provided by the facility, revealed, .The meter must be disinfected between patient uses by wiping it with a CaviWipe towelette or EPA-registered disinfecting wipe in between tests and be cleaned prior to disinfecting. The Disinfection process reduces the risk of transmitting infectious diseases if it is performed properly . The facility provided an acceptable removal action plan on July 22, 2020, that read: Facility failed to ensure proper cleaning and disinfecting of glucometers. Facility was using hand sanitizer of 80% alcohol base (Ginosis Alcohol Antiseptic Topical Solution) instead of the approved cleansing agent Sani-Cloth to kill bloodborne pathogens. - RN Supervisor removed the product from the nurse's medication carts and educated all nurses in the facility on July 22, 2020 on only using the approved cleansing agent of Sani-Cloths to clean and disinfect the glucometers. All 40 diabetic residents were assessed by RN Supervisor along with that resident's charge nurse and no harm was noted. Residents will continue to be monitored by the charge nurse for any signs and symptoms of infection. - Director of Nursing instructed RN Supervisor via telephone to divide up a container of the approved cleansing agent Sani-Cloths between the nurses to use for cleansing glucometers. At this time, RN Supervisor witnessed charge nurses on each medication cart clean and disinfect their glucometers with the Sani-Cloths before any further use. - All nurses educated verbally via telephone by the Director of Nursing on July 22, 2020 and by RN Supervisor upon entering the facility before providing care to any resident, on using only the approved cleansing agent, Sani-Cloths for cleaning and disinfecting glucometers and the importance to do so as to kill bloodborne pathogens and prevent the spread of infection to other residents. - Completion date for the immediate removal plan July 22, 2020 at 7:30 PM. This deficiency will be followed in QAPI to ensure deficient practice does not occur again. Education and QAPI meeting documentation will be kept in a binder in the NHA office. Additional findings that did not rise to the level of Immediate Jeopardy include: 1. On 07/21/2020 at 4:15 p.m., LPN #1 allowed visitor entry into the building without completing a screening. LPN #1 acknowledged, awareness of the current COVID-19 pandemic, and further verified the screening station setup, located in the main lobby, upon entry. 2. On 07/22/2020 at 3:35 p.m., the Maintenance Director (MD) allowed visitor entry into the building without completing a screening. The MD acknowledged, that he was aware of the current COVID-19 pandemic, and should have completed the screening, prior to the visitor passing the screening station, located in the main lobby. During an interview on 07/22/2020 at 4:23 p.m., the Director of Nursing stated, she expected the required COVID-19 screening, to be completed immediately, upon entry into the main lobby. Review of the facility protocol entitled, COVID-19: Screening Checklist - for Visitors and Staff, revealed, several screening questions were to be completed by the screener. The form also was to be signed and dated by the visitor or staff, as part of the screening process. 3. On 07/21/2020 at 4:30 p.m., the Housekeeping Director (HD) acknowledged, that he was aware of the current COVID-19 pandemic. The HD stated that licensed nurses and Certified Nursing Assistants (CNAs) were responsible for cleaning and disinfecting residents' rooms, on second and third shift, if a situation required. He stated that staff could call him; however, the said staff were expected to complete the task, including sanitation, and deep cleaning. The HD indicated to date, he had not provided environmental cleaning training, to the licensed nurses and CNAs, but assumed the staff knew how to perform the tasks. On 07/21/2020 at 5:30 p.m., accompanied by the HD, RN #6 confirmed, she did not know what solutions to use if a resident's room required sanitation, disinfecting or deep cleaning. At 5:46 p.m., CNA #1 confirmed, she did not know what solutions to use if a resident's room required sanitation, disinfecting or deep cleaning. At 5:48 p.m., CNA #2 confirmed, she did not know what solutions to use if a resident's room required sanitation, disinfecting or deep cleaning. During an interview on 07/23/2020 at 9:50 a.m., the DON stated, environmental staff was expected to stagger their work schedule, to allow environmental staff presence in the facility, if a resident's room, required the aforementioned cleaning services. The DON stated nursing staff were not expected to performed the aforementioned cleaning services, nor were environmental cleaning services to be delegated to the nursing staff. She stated that nursing staff are only required to put a Do Not Enter sign on the door, if a resident exhibited signs and symptoms of COVID-19, or exposed, and had to be sent to the hospital.</p>		