

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER GADSDEN HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1945 DAVIS DRIVE GADSDEN, AL 35904	
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, staff interview, and the facility's policy entitled, Policy & Procedure for Masks, one (1) of one (1) laundry staff failed to ensure that her mouth and nose were covered by a mask, when in the presence of others, and while handling facility linens. The failure occurred during a COVID-19 pandemic. The findings include: During a concurrent observation and interview on 7/22/2020 at 6:41 p.m., accompanied by the Director of Nursing (DON), and the Infection Control Nurse (ICN), Laundry Tech (LT) #1 was observed folding linens. LT #1's facial mask was positioned underneath her chin, with her nose and mouth uncovered. LT #1 made conversation, and continued to fold linen, without her face or mouth covered. LT #1 acknowledged, that she was aware of the COVID-19 pandemic. Both the DON and ICN stated they expected laundry staff to wear their facial mask, when in the presence of others, and when handling facility linens, or resident clothing. Review of the facility's policy, undated, revealed, .1. Effective 3/13/2020, all employees, vendors, as well as anyone entering the facility are required to wear face masks related to the COVID-19 pandemic at all times .		

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.