

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER MADISON MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 3891 SULLIVAN ST MADISON, AL 35758	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews and review of the facility's policies entitled, Hand Hygiene Policy and Procedure, Donning and Doffing of PPE (personal protective equipment) With Gown Reuse, facility documents entitled, PPE Skills Evaluation for Standard Transmission-Based Precautions 1, and Infection Control Overview for All Staff, the facility failed to ensure staff performed hand hygiene for 10 of 23 residents on the North hall (Resident #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10) and failed to ensure one (1) of 4 Certified Nurses Aids (CNAs) observed wore a face mask over her face and mouth to prevent the spread of infection. The findings included: On 5/4/20 at 12:15 p.m. Certified Nurses Aid (CNA) #1 was observed on the North hall wearing a cloth mask with her nose uncovered. She was observed entering and exiting the rooms of Resident #'s 1, 2, 3, 4, 5 and 6 without performing hand hygiene. She was observed in the hallway donning gloves from a box before attempting to re-enter Resident # 3 and 4's room. She was immediately interviewed and stated she had gone into the above mentioned rooms to check the bathrooms for urinals and bedpans. She confirmed she had not performed hand hygiene and said, I didn't touch anything but the bathroom door handles. She also confirmed she did not wash or sanitize her hands before donning gloves upon attempting to re-enter Resident #'s 3 and 4 rooms. The CNA also stated she had been in-serviced on the proper way to wear a mask, but she was unable to breathe and kept it pulled down under her nose. During an observation of lunch on the North Hall on 5/4/20 at 12:30 p.m., CNA #1 was observed serving and setting up trays for Resident #'s 7, 8, 9 and 10. The CNA first served Resident #7 and without sanitizing her hands, served Resident #8. She had touched the over bed table and her face mask (which remained pulled down under her nose). Without sanitizing her hands, she served Resident #9 and touched the over bed table, her face and her facemask. Without sanitizing her hands, she served Resident #10 and touched the over bed table and placed a clothing protector on the resident. During an interview with the Director of Nursing (DON) on 5/4/20 at 3:38 p.m., she stated it was her expectation for staff to perform hand hygiene after coming in contact with surfaces in resident rooms. The DON stated staff had been taught the proper way to wear masks and it was her expectation masks were to be worn properly. She also stated she expected staff to wash their hands before and after donning gloves. The facility policy entitled, Hand Hygiene Policy and Procedure, revised April 2020 read, 3. Perform hand hygiene .when otherwise indicated to avoid transfer of microorganisms to other residents or environments. The facility document entitled, Donning and Doffing of PPE With Gown Reuse, revised 4/15/20 read, 6. If putting on a new Mask/Respirator .Fit flexible band to Nose Bridge. Fit snug to face and below chin. The undated facility document entitled, PPE Skills Evaluation for Standard Transmission-Based Precautions 1 read, Masks Covers nose and Mouth. The facility document entitled, Infection Control Overview for All Staff, dated 5/18 read, 3. Perform hand hygiene .assisting a resident with meals .prior to donning and after gloves are removed, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. Review of a CNA sign in sheet entitled Hand Hygiene with Soap & Water, Sanitizing Hand ABHR (alcohol based hand rub), Sani Wipes, Donning and Doffing PPE ., dated 4/27/2020-4/29/2020, revealed CNA #1 had received training for performing hand hygiene and the use of PPE.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.