

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445516</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CREEKSIDE CENTER FOR REHABILITATION AND HEALING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>306 W DUE WEST AVENUE MADISON, TN 37115</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on facility policy review, observations, and interviews the facility failed to enforce hand hygiene practices of staff in direct patient care areas on 1 (green) of 5 hallways and failed to provide a safe/sanitary environment on the 1 (red zone) of 5 hallways extending to the outside of the building and in 20 of 48 resident rooms. The findings include: Review of facility policy Coronavirus (COVID - 19), dated 2/27/2020, revealed .The facility follows current guidelines and recommendations for the prevention and control of the Coronavirus (COVID - 19) as directed by CDC (Centers for Disease Control) and local regulatory agencies .the facility educates residents/representatives and staff on the prevention and control of any spread of infection as per those guidelines and recommendations as well as maintains close communication and collaboration with local and state health authorities. Standard precautions are practiced at all times .indirect contact transmission via hand transfer of the Coronavirus [MEDICAL CONDITION]-contaminated surfaces or objects to mucosal surfaces of the face may also occur .supplies to be used in the prevention and control of the Coronavirus COVID - 19 will be made available .supplies to perform hand hygiene will be available to all residents/visitors in common areas and in resident rooms .gloves, gowns and hand sanitizer will be available to all residents/visitors in common areas and in resident rooms .management of laundry, food service utensils and medical waste will also be performed in accordance with standard procedures . Review of facility policy, Infection Prevention and Control Program, revised August 2016, revealed .The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program .policies and procedures are utilized as the standards of the infection prevention and control program .prevention of infection include: educating staff and ensuring that they adhere to proper techniques and procedures .following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC) .improving compliance with hand hygiene . Review of facility documentation My Clean Hands Count for My Patients; undated, revealed .your patients count on you to clean your hands. Many potentially deadly germs spread from patient to patient on the hands of healthcare providers. Consider whether your actions put you or your patients at risk of infection . Observation on 6/22/2020 at 8:45 AM of the yellow zone, (observed for COVID-19 symptoms) no hand sanitizer stations were observed in the hallways or on the walls. There were hand sanitizers on the wall in the patient's rooms. Observation on 6/22/2020 at 10:05 AM of the green zone (negative symptom free) showed staff members entering and exiting the green zone and using a back coded door to exit near a dumpster. No hand sanitizer stations were observed in the hallways or on the walls. Observation on 6/22/2020 at 10:18 AM showed a house keeper taking out trash through the back coded door. She exited and put the trash in the dumpster and came back through the back door without sanitizing or washing her hands. During continued observation she returned to her cleaning cart and proceeded to clean a room. Observation on 6/22/2020 at 10:20 AM showed Rehabilitation Assistant/Central Office Supply employee take box of supplies out the back coded door and returned through the same door without using hand sanitizer or washing her hands. Observation on 6/22/2020 at 5:00 PM of the red zone (COVID-19 unit) showed approximately 20 of 48 rooms on the red hallways which were cluttered with clothes on hangers lying in chairs, drawers on floor or stacked up in a chair, and bags of Resident's belonging lying in the floor. Continued observation showed 2 cardboard boxes in the hallway being used for trash. One box had a trash bag in it and the other box did not. Both boxes had trash in them and were not covered. Observation on 6/22/2020 at 5:30 PM showed a trash barrel and a biohazard barrel on the outside of the building of the COVID unit were overfilled and 1 pair of used gloves were lying beside the trash container on the ground, 1-3 purple gloves were scattered in the grass, a dust pan with a handle containing trash, and a push broom was also observed in the grass area just outside the COVID unit, loose paper scattered about in the grass from the building to the street. During an interview on 6/22/2020 at 10:00 AM the DON stated she does not allow employees to carry hand sanitizer in their pockets as it could cause cross contamination. During continued interview she stated she relies on her unit managers to enforce infection control practices on all hallways in order to prevent cross contamination and prevent further COVID-19 outbreaks. During an interview on 6/22/2020 at 10:20 AM with Rehabilitation Assistant/Central Office Supply employee #1 she stated she took supplies to the red unit and delivered to a designated area and uses hand sanitizer she carries in her pocket. During an observation and interview on 6/22/2020 at 5:10 PM with the LPN #1, Unit Manager on the COVID unit, confirmed trash in boxes in the hallway on the red unit was unacceptable. During continued observation and interview with the unit manager, he confirmed gloves were to be discarded in the biohazard trash container and should not be found on the ground near the container and that the biohazard containers should not be overfilled. During an interview on 6/22/2020 at 7:05 PM with the DON, she confirmed she would expect employees to wash their hands or use hand sanitizer on all hallways and would expect the housekeeping staff to wash their hands or use hand sanitizer after taking trash outside to the dumpster before returning to the cleaning cart. During continued interview she confirmed that gloves should be discarded in the biohazard trash containers outside of the COVID unit and should not be found on the ground.</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.