

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER GENERATIONS OF VERNON, LLC		STREET ADDRESS, CITY, STATE, ZIP 1050 CONVALESCENT ROAD VERNON, AL 35592	
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	Provide and implement an infection prevention and control program. Based on observations, interviews and review of the facility's policy titled Hand Hygiene the facility failed to ensure: 1) Employee Identifier (EI) #2 and EI #4, both Licensed Practical Nurses (LPNs) washed and/or sanitized their hands before they put gloves on; and 2) EI #3 and EI #4, both LPNs placed a barrier down before placing items used during medication administration and wound care on top of the medication and treatment carts. These deficient practices affected Resident Identifier (RI) #1 and RI #2, two of three residents observed for medication administration; and RI #3, one of one resident observed for wound care. Findings include: 1) The facility's policy titled Hand Hygiene dated April 2020, documented Purpose: To provide guidelines to employees for proper and appropriate resident hand hygiene techniques that will aid in the prevention of the transmission of infections. Policy: All employees shall adhere to resident hand hygiene as outlines in this policy . Procedure: . 2. When to Perform Hand Hygiene Appropriate Hand Hygiene should be performed: . h. Before and after glove use . During medication pass observation on 8/19/2020 at 4:11 PM, EI #2, an LPN applied gloves to obtain RI #1's fingerstick blood sugar, without washing and/or sanitizing her hands. In an interview on 8/20/2020 at 11:13 AM, EI #2, an LPN acknowledged that she did not wash her hands before she applied gloves when she obtained RI #1's fingerstick blood sugar. When asked why she didn't, EI #2 stated she was nervous. 2) During medication pass observation on 8/19/2020 at 4:24 PM, EI #3, an LPN laid a Kleenex and gloves on top of her medication cart without a barrier. EI #3 used the Kleenex and gloves when she instilled eye drops in RI #2's eyes. In a telephone interview on 8/20/2020 at 1:35 PM, EI #3, an LPN was asked where she placed the Kleenex and gloves that was removed from medication cart prior to entering RI #2's room. EI #3 replied, on top of the (medication) cart. When asked if there was a barrier on the medication cart, EI #3 said no. EI #3 was asked what the concern was, and she replied, infection control and contamination. 3) The facility's policy titled Hand Hygiene dated April 2020, documented Purpose: To provide guidelines to employees for proper and appropriate resident hand hygiene techniques that will aid in the prevention of the transmission of infections. Policy: All employees shall adhere to resident hand hygiene as outlines in this policy . Procedure: . 2. When to Perform Hand Hygiene Appropriate Hand Hygiene should be performed: . h. Before and after glove use . On 8/20/2020 at 10:08 AM, EI #4, the LPN Treatment Nurse was observed to place gloves on top of papers on the treatment care. EI #4 then put those same gloves on, without washing or sanitizing her hands prior to performing RI #3's wound care. In an interview on 8/20/2020 at 10:49 AM, EI #4, the LPN Treatment Nurse was asked where she placed gloves prior to entering RI #3's room. EI #4 replied, on top of the treatment cart on some papers. When asked if that was a clean surface, EI #4 said no. When asked why should gloves not be placed on a potentially contaminated surface prior to use in wound care, EI #4 answered, could transmit bacteria and infection to the wound. EI #4 was asked should the gloves have been placed there and she said no, not without a barrier. EI #4 acknowledged that she should have washed her hands before she put gloves on.		

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.