

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER ST MARTIN'S IN THE PINES		STREET ADDRESS, CITY, STATE, ZIP 4941 MONTEVALLO ROAD BIRMINGHAM, AL 35210	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
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, Cleaning and Disinfection of Resident-Care Equipment, the facility failed to ensure Employee Identifier (EI) #1, a Certified Nursing Assistant (CNA) cleaned and disinfected the wrist blood pressure cuff, thermometer and pulse oximeter between each resident while checking vitals for Resident Identifier (RI) #1, RI #2, RI #3, RI #4, RI #5, RI #6, RI #7, RI #8 and RI #9 on 9/8/2020. This deficient practice affected nine of 10 residents residing on the first of three floors in Cottage B. Findings include: The facility's policy titled, Cleaning and Disinfection of Resident-Care Equipment, revised 6/8/2020, documented . Policy: Resident-care equipment can be a source of indirect transmission of pathogens. Reusable resident-care equipment will be cleaned and disinfected in accordance with current CDC (Centers for Disease Control and Prevention) recommendations in order to break the chain of infection. Definitions: . Reusable multi-resident items are items that may be used multiple times for multiple residents. Examples include stethoscopes, blood pressure cuffs, feeding tube pumps, glucometer, pulse oximeter, and oxygen concentrators. Policy Explanation and Compliance Guidelines: . 2. Staff shall follow established infection control principles for cleaning and disinfecting reusable, non-critical equipment. General guidelines include: . b. Each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident . d. Multiple-resident use equipment shall be cleaned and disinfected after each use . On 9/8/2020 from 3:50 PM to 4:25 PM, EI #1, a CNA was observed checking vital signs for RI #1 through RI #9, using a thermometer, pulse oximeter, and blood pressure cuff. After EI #1 checked each resident's vital signs, she placed the equipment in a plastic bag and proceeded to the next resident. EI #1 did not clean and/or disinfect the equipment between each resident. In an interview on 9/9/2020 at 3:19 PM, EI #1, a CNA was asked if she cleaned the thermometer, blood pressure cuff, and pulse oximeter after each use when checking vitals for RI #1 through RI #9 on 9/8/2020. EI #1 replied, no. When asked why not, EI #1 replied that she wasn't sure; that she wasn't thinking. EI #1 was asked what the facility's policy was on cleaning reusable equipment such as the wrist blood pressure cuff, pulse oximeter and thermometer after each use. EI #1 replied, the wrist blood pressure cuff, thermometer and pulse oximeter should be cleaned after each use. EI #1 was asked why it was important to clean the equipment after each use. EI #1 replied, because it carried germs, and if someone was sick, it could be transferred from one person to another. During an interview on 9/9/2020 at 4:18 PM, EI #2, the Director of Nursing/Infection Control Nurse, said the CNAs should clean the blood pressure cuff, pulse oximeter and thermometer with bleach wipes after every use. When asked why the equipment should be cleaned after each resident use, EI #2 said so it won't spread infection.		
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.