

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2020
NAME OF PROVIDER OF SUPPLIER MAYFIELD HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 401 INDIANA AVE MAYFIELD, KY 42066	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and facility policy review, it was determined the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections during a COVID-19 Focused Survey. Observation revealed Certified Nurse Aide (CNA) #1 failed to bag dirty linen prior to exiting a resident's room and held the dirty linen against her uniform. The findings include: Review of the facility's policy titled, Laundry and Bedding, Soiled, last revised 03/20/2020, revealed soiled laundry and bedding (e.g., personal clothing, uniforms, scrub suits, gowns, bedsheets, blankets, towels, etc.) contaminated with blood or other potentially infectious materials must be handled as little as possible and with a minimum of agitation. Place contaminated laundry in a bag or container at the location where it is used and do not sort or rinse at the location of use. Place and transport contaminated laundry in bags or containers in accordance with established policies governing the handling and disposal of contaminated items. Anyone who handles soiled laundry must wear protective gloves and other appropriate protective equipment (e.g., gowns if soiling of clothing is likely). Observation on 04/09/2020 at 1:15 PM revealed CNA #1 came out of a resident's room (room [ROOM NUMBER]), with dirty linen in her left hand and not bagged. Although she had a glove on her left hand, she was holding the dirty linen against her uniform, and the dirty linen was touching her (left) bare arm. Interview with CNA #1, on 04/09/2020 at 1:15 PM, revealed she went into room [ROOM NUMBER] to help another CNA and she noticed the resident's bed was wet, so she changed the bed. She stated she ran out of bags for the dirty linen, and asked the other CNA in the room, who did not have any bags either. She further revealed she took her glove off her right hand, opened the resident's door with her ungloved right hand, and carried the dirty linen in her gloved left hand to put in the linen cart. She stated, That's when I opened the door and saw you. She stated she should have ensured she or the other CNA had linen bags in the room prior to changing the resident's bed, and should not have held the dirty linen against her uniform. She revealed she had been inserviced on Infection Control. Interview with the Director of Nursing (DON), on 04/09/2020 at 1:25 PM, revealed she expected the staff to use gloves when handling soiled linen, not hold the dirty linen against his or her uniform, and to dispose linen properly. She stated, She (CNA #1) knows better than that. Interview with the Administrator, on 04/10/2020 at 3:30 PM, revealed the CNA should have bagged the dirty items in the room, and then brought them out. She stated she (CNA #1) should not have held the dirty linen near her clothing. The Administrator stated, I assure you that it will not happen again.</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.