

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>515104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MADISON, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>161 BAKERS RIDGE ROAD MORGANTOWN, WV 26508</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  . Based on policy and procedure review, observation and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe environment and to help prevent the transmission of communicable diseases and infections. Employee (E#1) failed dispose of contaminated gloves and sanitize hands after removal of gloves on an Admission Quarantine Unit (AQU). This was a random observation. Employee identifier: E#1. Facility census: 53. Findings included: a) Employee #1 On 06/16/2020 at 12:19 AM, E#1 was observed on Hall 2 a designated AQU, carrying a lunch tray with gloved hands. When E#1 placed the tray on the cart, E#1 had no gloves. The employee did not stop at any time when carrying the lunch tray down the hallway. When asked where are your gloves, E#1 removed the gloves from her uniform pocket. E#1 then proceeded open the lid of a step on trash can with her hand and disposed of the gloves. Without performing hand washing and/or hand sanitization, E#1 then pulled a pair of clean gloves, dropped one glove on the floor, put the glove in the trash can and proceeded to retrieve another gloves. E#1 then put on the pair of clean gloves. The NHA who was on this unit was informed of the incident and immediately had the Director of Nursing (DON) remove E#1 from the AQU. Review of the policy HAND HYGIENE stated that hand hygiene must be completed after doffing gloves. In addition the policy stated that meal trays were to be handed off by a designated staff member preparing the trays and handing off to the aide on the AQU. No evidence was found regarding the removal of the meal trays. In a telephone interview with the Nursing Home Administrator (NHA), on 06/17/2020 at 8:45 AM, he stated that the system set up the employee by not having a policy and procedure for the removal of meal trays. The NHA further stated that the food cart would be placed in a different location to better assist with removal of the meal trays. In addition, the NHA stated, E#1 did not follow the procedure for disposal of contaminated gloves and/or proper hand hygiene. .		
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.