

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER SHADESCREST HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 331 WEST 25TH STREET JASPER, AL 35502	
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	Provide and implement an infection prevention and control program. Based on observation, interviews, review of the facility's policy titled HANDWASHING AND USE OF GLOVES, and www.cdc.gov/handhygiene/providers/index.html , the facility failed to ensure Employee Identifier (EI) #3, a Licensed Practical Nurse (LPN) washed or sanitized her hands before she put gloves on to administer Resident Identifier (RI) #1's inhaler treatment. This deficient practice affected RI #1, one of two residents observed for medication administration. Findings include: The facility's policy titled, HANDWASHING AND USE OF GLOVES, with an effective date of 10/15/2008, documented . POLICY It is the policy of Shadescrest Healthcare and Rehabilitation Center to prevent the spread of infections. Handwashing is the single most important measure of preventing the spread of infection . PROCEDURE Handwashing will be performed before and after resident care is rendered and after handling contaminated articles . According to www.cdc.gov/handhygiene/providers/index.html . When and How to Wear Gloves . Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (putting on) gloves . During medication pass observation on 9/15/2020 at 8:29 AM, Employee Identifier (EI) #3, a Licensed Practical Nurse (LPN) did not wash or sanitize her hands before she put gloves on to administer RI #1's inhaler treatment. On 9/15/2020 at 10:25 AM, an interview was conducted with EI #1, the Director of Nursing (DON) and EI #2, the Assistant DON. When asked when a nurse should wash or sanitize her hands during medication pass, EI #1 replied before and after and during if the nurse touched anything that was potentially contaminated. When asked should a nurse put gloves on without washing or sanitizing her hands, EI #1 said no she should wash or sanitize her hands before she put gloves on. In an interview on 9/15/2020 at 11:28 AM, EI #3, an LPN was asked when she should wash or sanitize her hands during medication pass. EI #3 replied, before she put gloves on she should wash or sanitize her hands and if she was to touch a resident, she should wash or sanitize her hands. EI #3 acknowledged that she did not wash or sanitized her hands before she put gloves on when she administered RI #1's inhaler treatment.		

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.