

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE AT STS MARY & ELIZABETH HOSPI		STREET ADDRESS, CITY, STATE, ZIP 1850 BLUEGRASS AVENUE, UNIT 3C LOUISVILLE, KY 40215	
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 - Many	<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, record review, and review of facility policy it was determined the facility failed to maintain a safe and sanitary environment to prevent the development and transmission of communicable disease. The facility staff failed to follow infection control practices to prevent exposure and cross contamination with the use of a medical device. Observations revealed two (2) of 2 reusable meters (meter), used to monitor multiple residents' blood sugars, were found stored in the facility medication carts with the bottoms of both meters surfaces with what appeared to be dried blood spots as identified by staff. Interview with staff revealed residents' were at risk for cross infection of bacteria or disease because of the blood on the meters and failed to follow policy and procedure for infection control. The findings include: Review of the Assure Glucose Meter Instruction Manual, undated, revealed to clean and disinfect the meter the recommended guideline included the use of a 2-step method. The method included to clean with one agent and to disinfect with a registered disinfectant detergent or germicidal wipe. Review of policy, Infection Control, dated 10/2018, revealed the facility policy practices included to prevent and manage transmission of disease and infections for the residents and staff. The infection control policy included guidelines to clean and reprocess reusable resident care equipment. Further review revealed the facility provided training of staff for infection control policies and practices for reusable equipment. Review of policy, Meters Cleaning and Disinfecting, dated 11/4/19, revealed the purpose of the policy included to minimize the risk of transmitting Blood-Borne Pathogens (BBP) with cleaning and disinfection procedures. The procedure included to clean the outside of the meter with alcohol to remove the blood or body fluids; after cleaning staff used a disinfectant detergent wipe to disinfect the meter, and to allow the meter to air dry. The disinfection procedure provided prevention of transmission of BBP. The facility failed to provide a policy regarding BBP. Interview with Certified Nursing Assistant (CNA) #1, on 05/28/2020 at 11:50 AM, revealed all staff received education for infection control cleaning techniques for reusable resident equipment. She stated staff responsibilities included to complete infection control practices per policy to prevent cross infections whenever staff walked into the unit to work. She stated poor cleaning and disinfection technique might lead to a resident illness when exposed to blood, bacteria, or the COVID-19 virus. Observation, on 05/27/2020 at 2:30 PM, revealed Licensed Practical Nurse (LPN) #3 opened her assigned Medication (Med) Cart #2 drawer, which revealed one (1) meter. The LPN turned the meter over which revealed a reddish brown smear to two (2) areas of the underside of the meter. The LPN identified the smears as blood. Interview with LPN #3, on 05/27/2020 at 2:30 PM, revealed the facility meters appeared dirty and verbally stated the smears appeared as dried blood. The LPN stated she used the meters earlier to obtain blood sugar levels and cleaned after each use but apparently not well enough. The LPN stated the meters remained dirty and hazardous because of the blood. The LPN stated she did not follow protocol for infection control. Continued interview with LPN #3, on 05/27/2020 at 2:44 PM, revealed the LPN stated she completed online education for infection control and disinfection of equipment as well as completion of physical competency check offs. The LPN stated the process to clean and disinfect the meters included to clean with a bleach, wipe to all sides, and allow drying on a clean paper towel for 3 minutes. The LPN stated staff responsibility included to ensure equipment received proper disinfection to prevent the spread of bacteria. The LPN stated infection control and the prevention of the spread of disease included proper cleaning and disinfection of equipment used for multiple residents. The LPN stated improper cleaning caused a risk to the residents because of the transfer of infection from one resident to another. The LPN stated risks for infection could lead [MEDICAL CONDITION] (a body infection). The LPN stated it concerned her to find the blood because it meant she did not protect the residents from cross infection. Observation, on 05/27/2020 at 2:35 PM, revealed LPN #2 opened the assigned med cart #1 top drawer, removed the meter, and placed the meter upside down. The bottom surface had a large reddish brown mark with ridged lines. LPN #2 identified the red mark as blood and stated it looked like a thumbprint. Interview with LPN #2, on 05/27/2020 at 2:35 PM, revealed she completed education for infection control for equipment used for multiple residents provided by the facility. The LPN stated blood remained on the meters and identified the reddish brown mark as blood. The LPN stated the facility used the meters to obtain the blood sugar levels on multiple diabetic residents. The LPN stated the medication carts each contained one (1) meter. The LPN stated cleaning and disinfection of the meters included to obtain a bleach wipe, clean down all sides, and wrap the meter with the bleach wipe for three (3) minutes. The LPN stated infection control prevention included disinfection to the meters between residents. The LPN stated staff's responsibility for infection control included proper disinfection of equipment to prevent the transfer of bacteria or disease from one resident to another. The LPN stated when the equipment remained dirty the exposure to the residents may lead to an adverse outcome, which included death. The LPN further stated the blood on the meters concerned her and she would not want it used on her because the blood meant she did not cleanse properly and remained nasty. Interview with LPN #1, on 05/28/2020 at 11:30 AM, revealed the facility provided education and competency check off for infection control prevention for meters. The LPN stated each cart should contain two (2) meters to allow one to dry efficiently while staff continued to obtain glucose levels for diabetic residents. However, the LPN stated both medication carts recently did not have a second meter available. The LPN stated previous techniques for infection control included to wrap the meters for three (3) minutes. She stated the proper procedure for infection control with reusable equipment included to first clean with alcohol, then a bleach wipe to clean all surface areas, and to allow the equipment to dry on a clean paper towel. The LPN stated the facility staff responsibilities included to ensure the reusable equipment received proper infection control disinfection to prevent cross contamination to a resident. The LPN stated the facility risked resident exposure to blood because staff did not disinfect adequately. She stated the exposure risk included death. The LPN stated the facility goal for infection control included to maintain safety and to prevent infection from the facility. The LPN stated if she saw the blood on the meters as a resident, she would feel unsafe. The LPN further stated the facility administration did not complete random check for infection control audits of the meters when she worked on the unit. Interview with the Director of Nursing (DON), on 05/27/2020 at 3:10 PM, revealed the DON did not find documented audits for infection control practices by staff for the facility. The DON stated as a previous floor staff, the facility did not complete, with her, random audits of the meters for infection control review. Continued interview with the DON, on 05/28/2020 at 1:54 PM, revealed she did not locate previous documentation of infection control audits. The DON stated her expectations for staff included to clean and disinfect the meters after each use. The DON stated the infection control process included to clean with an alcohol wipe, to use a bleach wipe on all surface areas of the meters, and to allow the meters to dry on a clean paper towel. The DON stated the facility placed a second meter on the medication carts to allow staff to follow infection control procedures, which included proper drying time of the meter after disinfection. She stated as DON the responsibility included education and training of staff. The DON stated her responsibilities included to ensure staff followed infection control procedures every day. The DON stated the facility educated staff to prevent cross contamination for infection. The DON stated residents' exposure to bacteria or diseases may lead to an infection, which may lead to death. The DON further stated it concerned her the meters surfaces contained blood because this meant contact of</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>the area could cause cross contamination to residents. The DON stated she would be upset if staff used a dirty meters on her. Interview with the Administrator, on 05/28/2020 at 2:28 PM, revealed she expected staff to follow policy and procedures for infection control practices at all times. She stated to her knowledge, the facility did not complete infection control audits of meters. She stated she and the DON's responsibility included to provide education for infection control and provide staff with polices for infection control to ensure staff remained knowledgeable. She stated the resident might have a negative effect and outcome with an acquired infection from the facility. She stated if staff presented to her as a resident with a dirty meters she would not be happy. She further stated her full responsibilities included to ensure staff and residents remained safe while in the facility.</p>		