

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445377</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SIGNATURE HEALTHCARE OF ERIN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>278 ROCKY HOLLOW ROAD ERIN, TN 37061</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	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, 2 of 2 staff members (Registered Nurse (RN) #1 and Certified Respiratory Therapist (CRT) #1) failed to ensure practices were maintained to prevent cross contamination for 2 of 2 sampled residents (Resident #61 and Resident #115) observed during enteral tube feeding tube care and [MEDICAL CONDITION] (trach) care. The findings include: Review of the undated facility's policy titled, .Handwashing/Hand Hygiene, showed, .The facility considers hand hygiene the primary means to prevent the spread of infections.Use an alcohol-based hand rub.or.soap.and water.before and after handling an invasive device.After handling.contaminated equipment.contact with objects.After removing gloves. Review of the facility's policy titled, [MEDICAL CONDITION] Care, dated 1/29/2020, showed, .suction the resident following the procedure for Suctioning Lower Airway.Wash hands thoroughly and apply clean gloves.Remove the soiled [MEDICAL CONDITION] dressing and discard.Wash and dry hands thoroughly. Put on sterile gloves. 1. Review of the medical record, showed Resident #61 had [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. Observation in the resident's room on [DATE]20 at 4:32 PM, showed RN #1 entered Resident #61's room and donned clean gloves. RN #1 did not perform hand hygiene prior to entering the room. RN #1 dropped the gauze on the floor, picked the gauze up, threw it away, and removed her gloves. RN #1 went to the treatment cart and obtained more gauze and placed it on the resident's table. RN #1 put on clean gloves and performed the enteral tube feeding site care and failed to perform hand hygiene. RN #1 flushed the enteral tube with water, removed her gloves, and donned new gloves without performing hand hygiene. During an interview on 3/17/2020 at 1:39 PM, the Director of Nursing (DON) confirmed the nurse should have performed hand hygiene before donning gloves, after picking items up off of the floor, and when changing gloves. 2. Review of the medical record, showed Resident #115 had [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. Observation in the resident's room on 3/17/2020 at 10:47 AM, showed CRT #1 donned sterile gloves to [MEDICAL CONDITION] for Resident #115. She removed the [MEDICAL CONDITION], cleaned the stoma, removed the inner cannula, cleaned it, and replaced the inner cannula with the soiled gloves. The CRT failed to change the sterile gloves after contaminating them with the [MEDICAL CONDITION]. During an interview on 3/17/2020 at 11:12 AM, CRT #1 confirmed she should have changed the gloves once they were contaminated when the [MEDICAL CONDITION] was removed.</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.