

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER CLOVERDALE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 412 CLOVERDALE ROAD SCOTTSBORO, AL 35768	
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 observations and staff interviews, one (1) of two (2) of the facility's environmental staff contaminated their clothing during environmental cleaning. Additionally, the facility failed to ensure one (1) of two (2) laundry staff mouth and nose were covered by a mask, when in the presence of others, and while handling facility linens. These failures occurred during a COVID-19 pandemic. The findings include: 1. During a concurrent observation and interview on 07/27/2020 at 2:10 p.m., accompanied by the Director of Nursing (DON); Environmental Staff (ES) #1 wiped the floor with a cloth, then placed the cloth in her uniform pocket. She entered Resident #1's room, performed environmental services (cleaned high touch surfaces/bathroom, emptied trash can, and mopped the floor, in close proximity to Resident #1. ES #1 acknowledged, that she was aware of the COVID-19 pandemic. The DON stated, environment staff should not place contaminated cloths in their pockets after cleaning the floor. 2. During a concurrent observation and interview on 07/27/2020 at 2:38 p.m., accompanied by the DON, Laundry Staff (LS) #1 was observed folding linens. LS #1 made conversation, and continued to fold the linens, without her nose or mouth covered by a mask, and confirmed that her face mask was in her pocket. LS #1 acknowledged, that she was aware of the COVID-19 pandemic. The DON stated, she expected laundry staff to wear their facial mask, when talking to others, and when handling facility linens, or resident clothing.		
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.