

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER ARLINGTON REHABILITATION & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1020 TUSCALOOSA AVENUE, SW BIRMINGHAM, AL 35211	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, review of signage posted on room doors of Resident Identifier (RI) #1 through RI #5 and RI #7, review of the facility's policy titled, Novel Coronavirus Prevention and Response, and a Centers for Disease Control and Prevention (CDC) article titled Preparing for COVID-19 in Nursing Homes, the facility failed to ensure Employee Identifier (EI) #5, a Certified Nursing Assistant (CNA), wore gloves, a face shield and changed gowns between residents and upon re-entering residents' rooms while delivering meal trays to RI #1 through RI #5 on the first floor Quarantine Unit. The facility further failed to ensure EI #5, a CNA, wore a face shield while assisting RI #7 during mealtime on the COVID Isolation Unit. These failures affected RI #1 through RI #5, five of five residents observed during mealtime on the first floor Quarantine Unit and RI #7, one of nine residents on the first floor COVID Isolation Unit. Findings include: The facility's policy titled Novel Coronavirus Prevention and Response, effective 3/29/2020 and revised 8/2020, documented . 5. Procedure when COVID-19 is suspected . f. Implement standard, contact, and airborne precautions (droplet precautions if no airborne isolation room available). Wear gown, gloves, goggles/faceshield, and masks (respirators, including N95 masks) upon entering room and when caring for the resident . Review of the CDC's article titled Preparing for COVID-19 in Nursing Homes . , updated 6/25/2020, documented . Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (Health Care Personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission . Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated . On 8/24/2020 beginning at 2:00 PM, a tour of the facility was conducted with EI #3, the Regional Corporate Nurse, also serving as the Interim Director of Nursing (DON) and Infection Preventionist. On the first floor was the facility's Quarantine Unit, that consisted of four rooms occupied by RI #1, RI #2, RI #3, RI #4 and RI #5. According to EI #3, residents are placed on the Quarantine Unit for 14 days following admission/readmission to the facility. There was signage posted on each door where RI #1 through RI #5 resided, that read: QUARANTINE ROOM PPE REQUIRED: Disposable Gown Gloves Disposable Surgical Mask over N95 Mask Face Shield (Sanitize Between Residents) CHANGE PPE BETWEEN RESIDENTS AND UPON REENTERING ROOMS On 8/24/2020 beginning at 5:03 PM, EI #5, a CNA, observed wearing a N95 mask and a gown, delivered a dinner meal tray to RI #3. EI #5 did not wear gloves or a face shield. EI #5 did not sanitize her hands or change her gown before she picked up the meal tray for RI #1. EI #5 delivered RI #1's meal tray. EI #5 did not sanitize her hands or change her gown before she picked up the meal tray for RI #2. EI #5 delivered RI #2's meal tray. EI #5 did not sanitize her hand or change her gown when she delivered to the dinner meal tray to RI #4 and RI #5. There were isolation carts located at the doorway to each room stocked with gloves, blue disposable gowns, vinegar bags, trash bags and red biohazard bags. Hand sanitizer was located on top of each isolation cart, located at the doorway to each room. At 5:10 PM, EI #5 was asked if she was aware that changing gowns between residents was a requirement, per facility policy, for residents on the Quarantine Unit. EI #5 stated, I don't have to change gowns for these rooms. When the signage on each door was brought to EI #5's attention, EI #5 stated she was not sure and confused. On 8/24/2020 at 5:40 PM, the surveyor and EI #3, the Interim DON and Infection Preventionist, entered the facility's COVID Isolation Unit during dinner time. At 5:42 PM, EI #5, a CNA was observed in RI #7's room. EI #5 was seated at the resident's bedside assisting RI #7 with his/her meal. EI #5 was not wearing a face shield. As EI #3, was leaving the COVID Isolation Unit she was asked if the CNA, EI #5, was wearing the appropriate PPE while in RI #7's room. According to EI #3, EI #5 was not wearing a face shield and she should have been. The signage posted on RI #7's door read: ISOLATION ROOM DROPLET PRECAUTIONS PPE REQUIRED: Gown (Cloth or Disposable) Surgical Mask over N95 Mask Face Shield Gloves PPE (EXCEPT GLOVES) CAN BE WORN BETWEEN RESIDENTS In an interview on 8/25/2020 at 3:30 PM, EI #5, a CNA acknowledged she did not change gowns between residents, wear a face shield or gloves while delivering meal trays during dinner service. EI #5 also acknowledged that she didn't wear a face shield when she assisted RI #7's with his/her meal. According to EI #5, she had not read through the signs posted on the residents' room doors. During an interview on 8/26/2020 at 11:00 AM, EI #3, the Interim DON and Infection Preventionist, said if staff were not using the correct PPE for the COVID and Quarantine Units and not donning (putting on) and doffing (taking off) PPE properly, it could increase the spread of COVID.</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.