

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2020
NAME OF PROVIDER OR SUPPLIER  Limestone Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1600 West Hobbs Street Athens, AL 35611	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, record review and review of a facility policy titled, Urinary Catheter Care, the facility failed to ensure Resident Identifier (RI) #84's Foley catheter bag was in a privacy bag and not visible from the hallway on 02/11/20.</p> <p>This deficient practice affected RI #84, one of one resident sampled with a Foley catheter.</p> <p>Findings Include:</p> <p>A review of a facility policy titled, Urinary Catheter Care, with an effective date of 01/16/14, and a supersedes date of 11/01/01, documented:</p> <p>. PROCESS: . i) . Bags should be covered to provide privacy.</p> <p>RI #84 was admitted to the facility on [DATE], with a diagnosis to include Neurogenic Bladder.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 12/22/19, assessed RI #84 as having an indwelling catheter.</p> <p>On 02/11/20 at 10:16 a.m., RI #84's Foley urinary catheter bag was observed uncovered, attached to the left lower side of bed. The bag contained clear yellow urine that was visible from the hallway.</p> <p>On 02/11/20 at 12:50 p.m., RI #84's Foley urinary catheter bag was observed uncovered, attached to the left lower side of bed. The bag contained clear yellow urine that was visible from the hallway.</p> <p>On 02/11/20 at 3:39 p.m., the surveyor conducted an interview with Employee Identifier (EI) #8, RI #84's assigned Registered Nurse (RN). EI #8 stated RI #84's Foley catheter bag was not in a privacy bag when she began her shift at 10:00 a.m. EI #8 was asked if the Foley catheter should have had a privacy bag. EI #8 said yes. The surveyor asked EI #8 what was the concern when a resident's Foley catheter bag was not covered. EI #8 replied, invasion of the resident's privacy.</p> <p>On 02/13/20 at 02:04 p.m., the surveyor conducted an interview with EI #10, RN/DON (Director of Nursing). The surveyor asked EI #10 who was responsible for ensuring the Foley catheter bag was covered with a privacy cover for each resident. EI #10 said all clinical staff that are assigned to that unit. EI #10 was asked what was the concern of a Foley catheter bag not being covered. EI #10 said it was a dignity issue. EI #10 further stated, per facility policy, Foley catheter bags should be covered with a privacy cover.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 015024	If continuation sheet Page 1 of 8

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, review of the 2017 Food and Drug Administration (FDA) Food Code, and review of the facility's policies titled, General Food Preparation and Handling, General Sanitation of Kitchen, Food Storage, Cleaning Dishes/Dish Machine, Cleaning Instructions: Ovens, Cleaning Instructions: Floors, Tables and Chairs, and Cleaning Instructions: Refrigerators, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1) seven items in the reach in cooler were discarded on the used by date,</li> <li>2) the floors in the dry food storeroom were clean from rodent droppings, underneath the shelving,</li> <li>3) there was not a white substance on a pan observed on the clean rack,</li> <li>4) open food items in the walk-in freezer were sealed,</li> <li>5) the interior of the walk-in cooler was clean and dry,</li> <li>6) the convection oven did not have a heavy build-up of dark black residue inside the oven,</li> <li>7) a pole with chipping, flaking paint was not hanging directly beside and above a food preparation area, and</li> <li>8) a frying pan did not have a non-stick coating peeling off.</li> </ol> <p>This had the potential to affect 149 of 149 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1.) A review of a facility policy titled, Food Storage with a date of 2013, revealed: <ul style="list-style-type: none"> <li>. Procedure: .</li> </ul> </li> <li>13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded.</li> <li>14. Refrigerated Food Storage: . <ul style="list-style-type: none"> <li>f. All foods should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.</li> </ul> </li> </ol> <p>On 02/11/20 at 08:48 a.m., Employee Identifier (EI) #1, the Dietary Cook, accompanied the surveyor during the initial tour of the kitchen. In the reach-in refrigerator, the surveyor and EI #1 observed the following:</p> <ol style="list-style-type: none"> <li>(1) two full pans of leftover mechanical soft meatballs-cooked labeled with a use by date of</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2/10/20;</p> <p>(2) leftover cooked carrots labeled with a use by date of 2/10/20;</p> <p>(3) mozzarella cheese with a use by date of 1/29/20;</p> <p>(4) leftover cooked English peas labeled with a use by date of 2/10/20;</p> <p>(5) leftover cooked red beans and sausage labeled with a use by date of 2/10/20;</p> <p>(6) chicken base broth- labeled with an opened date of 1/8/20 and no use by date; and</p> <p>(7) beef base broth- labeled with an opened date of 12/25/19 and no use by date.</p> <p>An interview was conducted on 2/11/20 at 8:48 a.m. with EI #1. EI #1 was asked if these items should have been in the reach-in refrigerator. EI # 1 stated no. EI #1 was asked what the potential harm was in the outdated items being left in the refrigerator. EI #1 stated the residents might get food poisoning. EI #1 was then asked what the facility's policy was on dating food placed in the refrigerator. EI #1 stated they date the items with the day they place it in and the day they throw it away. EI #1 said leftovers are good for three days and the chicken and beef base broth are good for one month after opening.</p> <p>2.) The 2017 FDA Food Code included the following:</p> <p>. 6-501.12 Cleaning, Frequency and Restrictions.</p> <p>(A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.</p> <p>A review of a facility policy titled, Cleaning Instructions: Floors, Tables and Chairs, dated 2013, revealed:</p> <p>. Policy: Kitchen and dining room floors . will be kept clean and sanitary.</p> <p>Procedure:</p> <p>1. Kitchen floors will be swept and cleaned after each meal. A thorough cleaning using a disinfectant will be done at least daily.</p> <p>A review of a facility policy titled, General Sanitation of Kitchen, dated 2013, revealed:</p> <p>.Policy: The staff shall maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule.</p> <p>Procedure:</p> <p>1. Cleaning and sanitation tasks for the kitchen will be recorded.</p> <p>On 2/11/20 at 10:04 a.m., the floor to the dry storage room was observed to have a medium amount of rodent droppings underneath the dry storage shelving. The surveyor asked EI #2, District Support</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Manager of the kitchen, to sweep out from underneath the dry storage shelving. After EI #2 swept out from underneath the shelving, the surveyor asked EI #2 what it looked like to her. EI #2 stated it was mouse droppings. The surveyor asked EI #2 should the mouse droppings be underneath the shelving in the dry storage room. EI #2 stated no. EI #2 was asked what the potential harm was in the mouse droppings being in the dry storage room. EI #2 stated bacterial infection, diseases, you do not know what they are carrying.</p> <p>During a follow-up interview with EI #2 on 2/12/20 at 08:31 a.m., EI #2 was asked if she could provide the cleaning logs for the dry storage area. EI #2 stated no she could not.</p> <p>On 2/13/20 at 11:19 a.m., EI #2 was asked if she had a record of when staff clean or do deep cleaning. EI #2 stated no, she did not. EI #2 was asked if she should have a record of when staff do any type of cleaning (per facility policy). EI #2 stated yes, to show proof that it has been done, and to follow up with the specific person if it has not been done properly. EI #2 was then asked if the facility policy specified that there should be a record or log for cleaning. EI #2 stated yes.</p> <p>3.) The 2017 FDA Food Code included the following:</p> <p>. 4-601.11 Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils.</p> <p>(A) . EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.</p> <p>(B) . The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>A review of a facility policy titled, Cleaning Dishes/Dish Machine, dated 2013, revealed:</p> <p>. Policy: All . cookware will be washed, rinsed and sanitized after each use.</p> <p>2. Scrape dishes clean .</p> <p>3. Rinse dishes thoroughly in the sink, . scrub pots and pans with a non-metallic scouring pad when necessary .</p> <p>On 02/11/20 at 10:19 a.m., an observation was made of a four inch deep large cooking pan. The pan was on the clean dish rack and was noted to have a white, thin substance inside of it. EI #2, District Support Manager of the kitchen, was asked what the pan was used for. EI #2 stated it was used for meat in the oven. EI #2 was then asked if she saw the white substance. EI #2 stated yes. EI #2 was asked if it rubbed off of the pan. EI #2 stated yes. EI #2 said the white substance should not be on the pan. EI #2 was asked what the potential harm was with the white substance inside the pan. EI #2 stated the potential for bacteria being spread if it is not being cleaned and sanitized properly.</p> <p>4.) A review of a facility policy titled, Food Storage, dated 2013, revealed: . Procedure: .15. Frozen Foods: . c. All foods should be covered .</p> <p>On 2/11/20 at 10:56 a.m., the surveyor observed the following items in the walk-in freezer: a plastic bag of breaded squash opened to air, a box of rolls in a plastic bag opened to air, and a box of pork fritters in a plastic bag opened to air.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/12/20 at 8:55 a.m., an interview was conducted with EI #2, Dietary District Support Manager. EI #2 was asked if the breaded squash, rolls and pork fritters should be left opened to air in the freezer. EI #2 stated no, it causes freezer burn. EI #2 was then asked what the potential harm was in these items being left opened to air and not sealed in the freezer. EI #2 stated they are exposed to all kinds of germs and elements coming into contact with them.</p> <p>5.) The 2017 FDA Food Code included the following:</p> <p>. 4-601.11 Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces and Utensils.</p> <p>(C) . NONFOOD FOOD CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other residue.</p> <p>A review of a facility policy titled, Cleaning Instructions: Refrigerators, dated 2013, revealed: .Policy: . Spills and leaks will be cleaned as they are noticed.</p> <p>Procedure:</p> <p>. 8. Spills should be cleaned at the time they occur.</p> <p>On 2/11/20 at 10:56 a.m., the surveyor walked through the walk-in cooler to get to the walk in freezer. A puddle of water was observed in the floor of the walk-in cooler at the entrance to the freezer. EI #2, the Dietary District Support Manager, was asked what the water was from. EI #2 stated the freezer goes through a defrost cycle.</p> <p>On 2/11/20 at 4:01 p.m., the surveyor and EI #4, the Maintenance Supervisor, went into the walk-in cooler. The surveyor observed a small puddle of water in the floor of the walk- in cooler at the door of the entrance to the freezer. EI #4 was asked if he saw the water. EI #4 stated yes, it looks like water. EI #4 was then asked what the water was from. EI #4 stated it may be condensation from the freezer when the door is opened.</p> <p>On 2/12/20 at 7:56 a.m., a puddle of water was observed in the same area of the floor of the walk-in cooler at the entrance of the freezer door.</p> <p>On 2/12/20 at 09:00 AM, an interview was conducted with EI #3, Dietary Manager. EI#3 was asked if she observed the water in the floor in the cooler on 2/11/20 and 2/12/20. EI #3 stated yes. EI #3 was asked should there be water in the floor of the walk-in cooler. EI #3 stated no. EI #3 was asked what the potential harm was in the water being in the floor in the cooler. EI #3 stated bacteria build-up and bugs. EI #3 was then asked who was responsible for making sure there was no water on the walk-in cooler floor. EI #3 stated the Dietary Aides are supposed to clean it out everyday. EI #3 was asked if she could provide the cleaning logs for the walk-in cooler, and EI #3 stated no; they did not have any.</p> <p>6.) The 2017 FDA Food Code included the following:</p> <p>. 4-601.11 Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils.</p> <p>(A) . EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(B) . The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>(C) . NONFOOD FOOD CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other residue.</p> <p>A facility policy titled, CLEANING INSTRUCTIONS: OVENS, dated 2017, revealed: Policy: Ovens will be cleaned as needed . Spills and food particles will be removed after each use.</p> <p>On 2/11/20 at 11:02 a.m., the surveyor and EI # 2, the District Support Manager of the kitchen, observed a thick black substance in the bottom of the convection oven. EI # 2 was asked what the potential harm was with the black substance being in the oven. EI # 2 replied, a fire and the spread of bacteria with food being left in there.</p> <p>7.) The 2017 FDA Food Code included the following:</p> <p>. 4-601.11 Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces and Utensils.</p> <p>(C) . NONFOOD FOOD CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other residue.</p> <p>. Annex 4, Table 2b . Added Chemical Hazards . chemicals used . paint . (5) . Illness and Injury can result in foreign objects being in food. These physical hazards can result from contamination . at many points . within the food establishment.</p> <p>On 2/11/20 at 4:12 p.m. , the surveyor and EI #3, the Dietary Manager, observed a pole with hanging utensils on it located directly over a food preparation area. There appeared to be gray paint peeling/flaking off of the pole. EI #3 rubbed her finger over the pole and the paint came loose. EI #3 was asked what it looked like to her. EI #3 stated it looked like peeling paint, and it should not be there. EI #3 was then asked what the concern was in the peeling paint over the food preparation area. EI #3 stated it could get into the residents' food and cause sickness.</p> <p>8.) Review of the facility's policy titled General Food Preparation and Handling, dated 2013, revealed:</p> <p>Policy: Food items will be prepared to . keep free of injurious organisms and substances.</p> <p>Procedure:</p> <p>.5. Equipment</p> <p>. b. dishware that has lost its glaze or is chipped or cracked must be disposed of.</p> <p>On 2/11/20 at 4:18 p.m., an eight inch skillet was observed with a non-stick coating peeling off hanging on a rack, ready for use. EI #3, the Dietary Manager, was asked what she observed. EI #3 stated the non-stick coating was peeling off. EI #3 was asked what the concern was in the non-stick coating coming off or peeling off the pan. EI #3 stated it could be a foreign object in the food and could cause stomach pain as well. EI #3 went on to state the skillet should have been thrown away a long time ago.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, medical record review, and review of a facility policy titled Hand Hygiene, the facility failed to ensure:</p> <p>1) a Licensed Practical Nurse (LPN) washed hands or used hand sanitizer after administering Resident Identifier (RI) #213's nebulizer treatment and placing a garbage bag in the medication cart garbage can, prior to reentering RI #213's room to clean RI #213's facemask; and</p> <p>2) a Certified Nursing Assistant (CNA) washed hands or used hand sanitizer after she emptied RI #105's urinal, prior to exiting RI #105's room.</p> <p>This affected one of four residents observed during medication administration pass and one of one sampled resident for whom a CNA was observed emptying a urinal.</p> <p>Findings Include:</p> <p>A review of a facility policy titled Hand Hygiene, with a date of 7/30/2016, revealed . Hand Hygiene procedures include the use of alcohol-based hand rubs . and handwashing with soap and water . Always perform hand hygiene in the following situations . Before exiting the patient's care area after touching the patient or the patient's immediate environment . after glove removal .</p> <p>1) RI #213 was admitted to the facility on [DATE] with diagnoses to include Wheezing and Shortness of Breath.</p> <p>On 2/13/20 at 9:04 a.m., the surveyor observed Employee Identifier (EI) #7, a LPN, during medication administration pass for RI #213. EI #7 gave RI #213's nebulizer treatment and placed a plastic garbage bag in the medication cart garbage can. EI #7 did not wash or sanitize her hands prior to reentering RI #213's room. EI #7 then cleaned RI #213's facemask attached to the nebulizer machine, removed her gloves, and did not wash or sanitize her hands prior to exiting RI #213's room.</p> <p>On 2/13/20 at 9:56 a.m., the surveyor conducted an interview with EI #7, a LPN. EI #7 was asked what she should have done after she started RI #213's nebulizer treatment, placed a plastic garbage bag in the medication cart garbage can, and prior to reentering RI #213's room. EI #7 stated she should have washed her hands or used hand sanitizer. EI #7 was asked what she should have done after she removed her gloves after cleaning RI #213's facemask, prior to leaving RI #213's room. EI #7 stated she should have washed her hands or used hand sanitizer. EI #7 was asked what the facility hand washing/hygiene policy stated should be done after a licensed nurse touched a resident's equipment, environment, and prior to leaving a resident's room. EI #7 stated staff should wash hands or use hand sanitizer. EI #7 was asked what would be the concern in not washing hands or using hand sanitizer after a licensed nurse started RI #213's inhalation nebulizer treatment, placed a plastic garbage bag in the medication cart garbage can, and prior to reentering RI #213's room. EI #7 stated it could spread germs to everyone and they could get an infection. EI #7 was asked what would be the concern if a licensed nurse did not wash her hands or use hand sanitizer after she cleaned RI #213's facemask, removed her gloves, and prior to leaving RI #213's room. EI #7 stated it could spread germs to everyone and they could get an infection. EI #7 said she forgot to wash her hands.</p> <p>On 2/13/20 at 11:06 a.m., the surveyor conducted an interview with EI #6, Infection Control</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Preventionist/Registered Nurse (RN). EI #6 was asked how are the licensed staff trained at the facility on hand hygiene. EI #6 was asked what a licensed nurse should do after after she started RI #213's inhalation nebulizer treatment, placed a plastic garbage bag in the medication cart garbage can, and prior to reentering RI #213's room. EI #6 stated she should have washed her hands or use hand sanitizer. EI #6 was asked what should a licensed nurse have done after she cleaned RI #213's facemask, removed her gloves, and prior to leaving RI #213's room. EI #6 stated she should have washed her hands or used hand sanitizer prior to leaving the room. EI #6 was asked what the facility policy on hand hygiene stated should be done after a licensed nurse touched a resident's equipment, environment and prior to leaving a resident's room. EI #6 stated staff should wash hands or use a hand sanitizer. EI #6 was asked what would be the concern if a licensed nurse did not wash her hands after she started RI #213's inhalation nebulizer treatment, placed a plastic garbage bag in the medication cart garbage can, and prior to reentering RI #213 room. EI #6 stated it could have spread an infection. EI #6 was asked what would be the concern if a licensed nurse cleaned RI #213's facemask, removed her gloves and did not wash her hands prior to leaving the room. EI #6 stated there was a potential to spread an infection.</p> <p>2) RI #105 was admitted to the facility on [DATE] with a diagnosis to include Hemiplegia following unspecified Cerebral Vascular Disease Affecting Left Nondominant Side.</p> <p>On 2/11/20 at 11:49 a.m., EI #9, a CNA, was observed removing soiled gloves after she emptied RI #105's urinal. EI #9 placed her gloves into the trash can and exited the room without washing her hands.</p> <p>An interview was conducted on 2/11/20 at 11:54 a.m EI #9 was asked what she was doing in RI #105's room. EI #9 said, emptying the urinal, and then placed the urinal back on the side of the bed. EI #9 further stated she threw her gloves in the trash can and did not wash her hands before exiting RI #105's room. The surveyor asked EI #9 if she was supposed to wash her hands after emptying the urinal, before exiting the room. EI #9 replied yes, to prevent the spread of germs, cross contamination and break in infection control.</p> <p>On 02/13/20 at 10:19 a.m., an interview was conducted with EI #6, Infection Control Preventionist/RN. EI #6 said staff should wash their hands before and after resident care, including after emptying a urinal. The surveyor asked EI #6 why staff should wash their hands after emptying a urinal. EI #6 replied, to decrease the spread of infection.</p>		