

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N4508	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
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NAME OF PROVIDER OR SUPPLIER FLOYD E TUT FANN STATE VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 MERIDIAN STREET HUNTSVILLE, AL 35811
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments On 4/4/19, a licensure survey was conducted in conjunction with the investigation of complaint/report number AL00036209. There were no deficiencies cited as a result of the investigation of complaint/report number AL00036209. Floyd E Tut Fann State Veterans Home is not in compliance with the Rules of the Alabama State Board of Health for Nursing Facilities, Ala. Admin. Code Sec. 420-5-10.	L 000		
L 218	420-5-10-.12(8)(a-b) Dietary Services (8) Sanitary conditions. The facility must: (a) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; (b) Store, prepare, distribute, and serve food under sanitary conditions; and This Rule is not met as evidenced by: Based on observations, interviews, review of facility's policies titled, "5.10 ServSafe Manager" and "Use of Leftovers", the facility failed to ensure food items in the cooler were covered, labeled and dated and thawed food items in the cooler were labeled and dated. These deficient practices had the potential to affect all residents receiving food from the kitchen. Findings include: The facility's undated policy titled, "5.10 ServSafe Manger", documented "... Labeling Labeling food is important for many reasons. ... Labeling Food for Use On-site *All items that are not in their original containers must be labeled. *Food labels should include the common name of the food or a statement that clearly and accurately identifies it"	L 218	POC Preparation and/or execution of this plan of correction does not constitute admission or agreement by the principles of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by the provisions of federal and state laws. 420-5-10-.12 All foods will be stored, prepared, distributed, and served under sanitary conditions here by to ensure all food and packages have the proper labeling in order to prevent food borne illnesses as	5/1/19

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/29/19
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L 218	<p>Continued From page 1</p> <p>The facility's policy titled, "Use of Leftovers", with a copyright date of 2017, documented " ... Procedure: ... 2. Leftovers will be covered, labeled, and dated; then stored appropriately ... immediately after the end of the meal service"</p> <p>During the initial tour of the kitchen on 3/31/19 at 3:25 p.m., the following were observed in the walk-in cooler: two open packs of turkey with no open or use by date; one open pack of bologna with no open or use by date; one thawed pork shoulder with no label or date as to when it was placed in the cooler to thaw; eight thawed tubes of hamburger meat with no label or date as to when it was placed in the cooler to thaw; two thawed beef roasts with no label or date as to when it was placed in the cooler to thaw; one unlabeled plastic container of approximately 20 cooked sausage patties with no label or date; an unlabeled 16 quart of a yellow mix, identified by the staff as pre-mixed eggs, stored in a plastic bucket with no open or use by date; four unlabeled and undated pans of a brown substance, identified by the staff as gravy from breakfast this morning; an uncovered, undated pitcher of sweet tea; an unlabeled and undated pitcher of a pink liquid; an unlabeled and undated pitcher of a yellow liquid; 12 undated Strawberry shortcake desserts, which according to Employee Identifier (EI) #5, a Dietary Aide were from the supper meal on 3/30/19; and four unlabeled and undated fruit cups.</p> <p>In an interview on 4/2/19 at 11:10 a.m., EI #1, Dietary Director was asked if items should be stored in the cooler with no label, open or use by date. EI # 1 responded, no. When asked why not, EI #1 replied, for safety concerns. EI #1 was asked what the potential negative outcome of not</p>	L 218	<p>evidenced by:</p> <p>Corrective action -</p> <ol style="list-style-type: none"> 1. Immediately removed all unlabeled food from kitchen, on 4/8/19 by dietary manager 2. Staff was re-educated on labeling and dating process of food items, on 4/8/19 by dietary manager and assistant dietary manager. <p>Identifying others-</p> <p>This practice has the potential to affect all residents residing in the facility</p> <p>Measures to prevent re-occurrence</p> <ol style="list-style-type: none"> 1. All staff were reeducated on food labeling protocol on 4/8/19 by dietary manager and assistant. 2. Dietary Manager/kitchen Supervisor will inspect and document daily on audit tool proper labeling and dating of food items, effective 4/8/19. <p>Monitoring-</p> <p>- Dietary Manager/Kitchen Supervisor will inspect and document daily on audit tool proper labeling and dating of food items, effective 4/8/19. Audit sheet will be kept in the dietary managers office. These Audits will become part of the facility QAPI process to ensure continued compliance.</p> <p>Addendum</p> <p>420-5-10-.12 Dietary Manager/Kitchen Supervisor inspections/documentation will be an ongoing (continuous) Process.</p>	

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L 218	Continued From page 2 labeling and dating food items in the cooler was. She replied, food borne illness. EI #1 was asked if food items should be covered when placed in the cooler. She replied, yes they should be covered. When asked what the potential problem with items not being covered, EI #1 replied, possible pests. In a follow up interview on 4/3/19 at 4:01 p.m., EI #1, the Dietary Director was asked when the thawed hamburger, roast and pork shoulder observed on Sunday, 3/31/19 were placed in the cooler. EI #1 stated on Friday (3/29/19) they were pulled from the freezer. EI #1 was asked how thawed items should normally be stored. EI #1 stated they should pull it out of the freezer and place it in the cooler with a description label, pull date and use by date.	L 218		
L 265	420-5-10-.17(1)(b)3. Infection Control (b) Preventing spread of infection. 3. The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a Licensed Practical Nurse (LPN) changed gloves and sanitized hands after operating Resident Identifier (RI) #23's bed control while wearing gloves, before administering the resident's eye drop medication. This deficient practice affected RI #23, one of five residents observed during medication pass observations.	L 265	420-5-10- .17 The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection as evidenced by: Corrective action	5/1/19

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L 265	<p>Continued From page 3</p> <p>Findings include:</p> <p>During medication pass observation on 4/1/19 at 4:37 p.m., Employee Identifier (EI) #2, a LPN, was observed operating RI #23's bed control while wearing gloves. EI #2 then administered RI #23's eye drops wearing those same gloves.</p> <p>On 4/1/19 at 5:45 p.m., an interview was conducted with EI #2, LPN. EI #2 was asked when should she change gloves or wash/gel her hands when using gloves. EI #2 said when they are visibly soiled or when she touched an inanimate object. EI #2 was asked did she change her gloves and gel or wash her hands after operating RI #23's bed control when wearing gloves before she administered RI #23's eye drops. EI #2 replied, she did not. EI #2 was asked should she have changed her gloves. EI #2 said yes. EI #2 was asked what the concern was with not changing her gloves before administering RI #23's eye drops. EI #2 replied contamination. EI #2 was asked what the concern was with contamination. EI #2 answered infection control.</p> <p>In an interview on 4/4/19 at 8:57 a.m., EI #4, the Infection Control Nurse was asked when a nurse should change their gloves during medication pass. EI #4 answered, they should change gloves after everything. EI #4 explained, if they are doing something and they need to touch something else then they should change their gloves and sanitize their hands.</p> <p>ANGELA PARKER, SOCIAL WORKER SHEILA COOPER, REGISTERED NURSE GLORIA PORTER, REGISTERED NURSE KIMBERLY SMITH, REGISTERED NURSE LISA FLOWERS, REGISTERED NURSE</p>	L 265	<p>EI#2 was re-educated on infection control practices during medication pass by Infection Control Preventionist on 4/15/19.</p> <p>Identifying others-</p> <p>This practice has the potential to affect all residents residing in the facility</p> <p>Measures to prevent reoccurrence</p> <p>Staff Development Coordinator will reeducate licensed nursing staff on correct infection control precaution during med pass by 5/1/19.</p> <p>Nursing Supervisor will observe and document infection control practices during med pass on 7am-7pm and 7pm-7am shifts, 1 nurse each shift, 2x week for 60 days. Then 1 nurse on 7am-7pm and 7pm-7am weekly x 30 days.</p> <p>Monitoring</p> <p>Nursing Supervisor will observe and document infection control practices during med pass on 7am-7pm and 7pm-7am shifts, 1 nurse each shift, 2x a week for 60 days. Then 1 nurse on 7am-7pm and 7pm-7am weekly x 30 days. Documentation of observations will be kept in the Director of Nursing Office. Addendum: Started 4/23/19.</p> <p>These audits will become part of the QAPI process to ensure continued compliance.</p>	